

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

ARMOUR-GLOBE

DO NOT WRITE IN THIS SPACE

Case No. 01-RC-255691

Date Filed 02-04-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
William W. Backus Hospital

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
326 Washington St, Norwich, CT 06360-2740

3a. Employer Representative - Name and Title:
Pam DeLise, Director of Human Resources,
East Region Human Resources

3b. Address (If same as 2b - state same):
same

3c. Tel. No.
(860) 892-6592

3d. Cell No.
(860) 425-3876

3e. Fax No.
(860) 886-1219

3f. E-Mail Address
Pamela.Delise@hhchealth.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Acute Care Hospital

4b. Principal Product or Service
Healthcare

5a. City and State where unit is located:
Norwich, CT

5b. Description of Unit Involved:
Included: All Per Diem Registered Nurses. Note: Petitioner seeks an Armour-Globe election to include employees into the unit certified in Case 34-RC-002424

6a. Number of Employees in Unit:
32

Excluded:

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/04/20 and Employer declined recognition on or about (Date) no reply (If no reply received, so state).

☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)
Backus Federation of Nurses Local 5149, AFT Connecticut

8b. Address:
35 Marshall Rd, Rocky Hill, CT 06067

8c. Tel. No.
(607) 229-9534

8d. Cell No.
(607) 229-9534

8e. Fax No.

8f. E-Mail Address
slancer@aftct.org

8g. Affiliation, if any:
American Federation of Teachers, AFL-CIO

8h. Date of Recognition or Certification
05/19/2011

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 05/16/2020

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: To cover all shifts:

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
02/27/20

11c. Election Time(s):
6:00am through 6:30pm

11d. Election Location(s):
Backus Hospital, Conf. Rm. Main Entrance

12a. Full Name of Petitioner (including local name and number):
Backus Federation of Nurses Local 5149, AFT Connecticut

12b. Address (street and number, city, State and ZIP code):
35 Marshall Rd, Rocky Hill, CT 06067

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
American Federation of Teachers, AFL-CIO

12d. Tel. No.
(860) 257-9782

12e. Cell No.
(607) 229-9423

12f. Fax No.
(860) 257-8214

12g. E-Mail Address
slancer@aftct.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Shane Lancer, Organizer

13b. Address (street and number, city, State and ZIP code):
35 Marshall Rd, Rocky Hill, CT 06067

13c. Tel. No.
(860) 257-9782

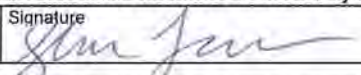
13d. Cell No.
(607) 229-9423

13e. Fax No.
(860) 257-8214

13f. E-Mail Address
slancer@aftct.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Shane Lancer

Signature


Title
Organizer

Date
02/04/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-256441

Date Filed

02-18-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Blackstone Valley Community Health Care		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 39 East Ave RI Pawtucket 02860-	
3a. Employer Representative - Name and Title Lisa Manso		3b. Address (If same as 2b - state same) 39 East Ave RI Pawtucket 02860-	
3c. Tel. No. (401) 722-0081	3d. Cell No.	3e. Fax No.	3f. E-Mail Address lmanso@BVCHC.ORG
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Health care	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Pawtucket, RI 6a. No. of Employees in Unit: 1 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 11/27/2019 and Employer declined recognition on or about 02/11/2020 (Date) (If no reply received, so state). Yes
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). SEIU 1199 NE William Eden		8b. Address 319 Broadway RI Providence 02903-	
8c. Tel No. (401) 225-8637	8d. Cell No.	8e. Fax No.	8f. E-Mail Address fedene@seiu1199ne.org
8g. Affiliation, if any Service Employees International Union		8h. Date of Recognition or Certification 02/19/2022	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): As soon as possible
11c. Election Time(s): Any time between 9:00 and 5:00, M-F
11d. Election Location(s): 39 East Ave Location

12a. Full Name of Petitioner (Including local name and number)
William Eden
SEIU 1199 New England

12b. Address (street and number, city, state, and ZIP code)
319 Broadway
RI Providence 02903-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union

12d. Tel No. (401) 225-8637	12e. Cell No.	12f. Fax No.	12g. E-Mail Address fedene@seiu1199ne.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
13c. Tel No.	13d. Cell No.
13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) William Eden	Signature William Eden	Title Organizer	Date 02/13/2020 15:54:20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included
Skilled Maintenance Worker

Employees Excluded
Skilled Maintenance Worker

DO NOT WRITE IN THIS SPACE

Case

01-RC-256441

Date Filed

02-18-2020

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-256940

2/26/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Beth Israel Deaconess Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 275 Sandwich Street MA Plymouth 02360-	
3a. Employer Representative - Name and Title Wendy Baker		3b. Address (If same as 2b - state same) 275 Sandwich Street MA Plymouth 02360-	
3c. Tel. No. (508) 830-2633	3d. Cell No.	3e. Fax No.	3f. E-Mail Address wbaker@bidplymouth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service hospital	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Plymouth, MA 6a. No. of Employees in Unit: 25 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): ASAP	11c. Election Time(s): Times that correspond to the shifts schedules	11d. Election Location(s): TBD	
12a. Full Name of Petitioner (including local name and number) charles strebeck United federation of special police and security officers inc		12b. Address (street and number, city, state, and ZIP code) 540 north state road NY harristown 10510-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) n/a			
12d. Tel No. (914) 941-4103	12e. Cell No. (908) 413-3285	12f. Fax No. (914) 941-4472	12g. E-Mail Address charlesstrebeck@gmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) charles strebeck	Signature charles strebeck	Title president	Date 02/24/2020 13:51:46
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All regular full time and regular part time armed and unarmed security officers employed by the employer at its facility located at 275 Sandwich Street Plymouth Ma. 02360

Employees Excluded

Excluding managers and supervisors as defined by the National Labor relations Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

FORM EXEMPT UNDER 44 U.S.C.

PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RD-256070

Date Filed

2/10/2020

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1. PURPOSE OF THIS PETITION (if box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)
- ☐ RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.
- ☐ RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
- ☒ RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
- ☐ UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
- ☐ UC-UNIT CLARIFICATION - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) ☐ In unit not previously certified. ☐ In unit previously certified in Case No. _____
- ☐ AC-AMENDMENT OF CERTIFICATION - Petitioner seeks amendment of certification issued in Case No. _____. Attach statement describing the specific amendment sought.

2. Name of Employer <u>Harbor Village North</u>	Employer Representative to contact <u>Troy Guntulis</u>	Tel. No. <u>860 447 1416</u>
3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <u>78 Viet Street New London CT. 06320</u>		Fax No. <u>860 437 4438</u>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <u>Skilled nursing facility</u>	4b. Identify principal product or service <u>Health Care</u>	Cell No.
5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) Included <u>Certified nursing assistants, Licensed Practical nurses</u> <u>Maintenance ass't, Dietary aids</u> Excluded <u>Registered nurses, Management, Laundry aids</u> <u>Supervisors</u>		5a. Number of Employees in Unit: Present <u>105</u> Proposed (By UC/AC)
(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)		5b. Is this petition supported by 30% or more of the employees in the unit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Not applicable in RM, UC, and AC

7a. <input type="checkbox"/> Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).	
7b. <input type="checkbox"/> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	
8. Name of Recognized or Certified Bargaining Agent (if none, so state.) <u>1199-NE SEIU</u>	Affiliation <u>Union</u>
Address <u>77 Huyshop Ave</u> <u>Hartford CT 06106</u>	Tel. No. <u>860 591 1199</u> Cell No. <u>860 256 099</u>
Date of Recognition or Certification <u>25, 860</u> <u>6099</u>	

9. Expiration Date of Current Contract. If any (Month, Day, Year) <u>MAY 19 2020</u>	10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) _____, a labor organization, of (Insert Address) _____ Since (Month, Day, Year) _____	

12. Organizations or individuals other than Petitioner (and other than those named in Items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in Item 5 above. (If none, so state)			
Name	Address	Tel. No.	Fax No.
		Cell No.	e-Mail

13. (b) (6), (b) (7)(C)	14a. Tel. No. EXT <u>(b) (6), (b) (7)(C)</u>	14c. Fax No. <u>(b) (6), (b) (7)(C)</u>
14. (b) (6), (b) (7)(C)	14d. Cell No. <u>590x</u>	

15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)			
I declare that I have read the above petition and that the statements are true (b) (6), (b) (7)(C) belief.			
Name (b) (6), (b) (7)(C)		Title (if any) (b) (6), (b) (7)(C)	
Address (b) (6), (b) (7)(C)		Fax No.	
	Cell No. (b) (6), (b) (7)(C)	e-Mail	(b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-255609

Date Filed

2-3-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:

Jaguar Land Rover White Plains

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

295 East Main Street, Elmsford, New York 10523

3a. Employer Representative - Name and Title:Peter Vaccaro, Service Manager
John Laguerre, General Manager**3b. Address (if same as 2b - state same):**

Same

3c. Tel. No.

914-372-2820

3d. Cell No.**3e. Fax No.**

914-372-2827

3f. E-Mail Address

Vaccaro1@autonation.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Auto Dealership - Sales and Service

4b. Principal Product or Service

Auto Sales and Service

5a. City and State where unit is located:

Elmsford, New York

5b. Description of Unit Involved:**Included:** All full time and regular part-time service technicians.**6a. Number of Employees in Unit:**

11

Excluded: All other employees including, salespersons, service writers, parts department, office clerical, professions, managers, guards and supervisors as defined in the Act.**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer has refused recognition on or about (Date) _____ (If no reply received, so state).☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)****8b. Address:****8c. Tel. No.****8d. Cell No.****8e. Fax No.****8f. E-Mail Address****8g. Affiliation, if any:****8h. Date of Recognition or Certification****8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)****9. Is there now a strike or picketing at the Employer's establishment(s) involved?** ☒ Yes

If so, approximately how many employees are participating?

(Name of Labor Organization)

has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**10a. Name****10b. Address****10c. Tel. No.****10d. Cell No.****10e. Fax No.****10f. E-Mail Address****11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:**11a. Election Type:**☒ Manual ☐ Mail ☐ Mixed Manual/Mail**11b. Election Date(s):**

Monday, Feb. 24, 2020

11c. Election Time(s):

12:30 PM to 2:30 PM

11d. Election Location(s):

Facility Lunchroom

12a. Full Name of Petitioner (including local name and number):

United Service Workers Union, Local 355, IUJAT

12b. Address (street and number, city, State and ZIP code):

138-50 Queens Boulevard, Briarwood, NY 11435

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

International Union of Journeymen and Allied Trades

12d. Tel. No.

718-658-4848

12e. Cell No.**12f. Fax No.**

718-523-4732

12g. E-Mail Address

dippoliton@iujat.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**13a. Name and Title:**

Gary Rothman, Esq., Attorney for Local

13b. Address (street and number, city, State and ZIP code):

Rothman Rocco LaRuffa, LLP, 3 West Main St., Ste 200, Elmsford, NY 10523

13c. Tel. No.

914-478-2801

13d. Cell No.**13e. Fax No.**

914-478-2913

13f. E-Mail Address

grothman@rothmanrocco.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**Name (Print)**

Gary Rothman

Signature**Title**

Attorney for Local 355

Date

2/3/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-255677

Date Filed

2-4-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Center for Family Representation		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 40 Worth Street, Suite 605, NY, NY 10013	
3a. Employer Representative - Name and Title: Michele Cortese		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (212) 691-0950	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mcortese@cfrny.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Legal Services Organization		4b. Principal Product or Service Legal Services	
5a. City and State where unit is located: New York, NY		5b. Description of Unit Involved: SEE ATTACHED	
6a. Number of Employees in Unit: 69		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 1/24/2020 and Employer declined recognition on or about (Date) 1/31/20 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 2/19/20	11c. Election Time(s): 1:00 pm - 5:00 pm	11d. Election Location(s): 40 Worth St., Main Conference Room and 89-14 Parson Blvd, Main Conference Room	
12a. Full Name of Petitioner (including local name and number): UAW Local 2325 - Association of Legal Aid Attorneys		12b. Address (street and number, city, State and ZIP code): 50 Broadway, Suite 1600, NY, NY	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UAW, AFL-CIO			
12d. Tel. No. (212) 343-0708	12e. Cell No.	12f. Fax No. (212) 343-0966	12g. E-Mail Address BY:
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Allyson L. Belovin		13b. Address (street and number, city, State and ZIP code): Levy Rainer, P.C., 80 8th Avenue, 8th Fl, New York, NY 10011	
13c. Tel. No. (212) 627-8100	13d. Cell No. (646) 326-9096	13e. Fax No. (212) 627-8182	13f. E-Mail Address abelovin@levyrainer.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Allyson L. Belovin	Signature Allyson L. Belovin	Title Attorney	Date 2/3/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

ATTACHMENT TO RC PETITION

Petitioner - UAW Local 2325 - Assoc. of Legal Aid Attorneys

Description of Unit Involved:

Included: All full-time and regular part-time employees of the Employer including Administrative Assistant, Development and Communications Associate, Fellow, Family Advocate, Law Graduate, Paralegal, Parent Advocate, Staff Attorney, Staff Social Worker, Investigator, Client Coordinator, Immigration Specialist, and Housing and Public Benefits Specialist

Excluded: Executive Director, Special Counsel, Chief Financial Officer, Co-Director, Director of Development and Communications, Director of Holistic Practice, Director of Human Resources, Co-Director, Director of Litigation, Litigation Supervisor, Social Work Supervisor, Senior Staff Social Worker, Senior Staff Attorney, Information Technology Manager, Manager of Accounting & Reporting, Senior Parent Advocate, Manager of Donor Relations, Senior Appellate Attorney, interns, guards, confidential employees, supervisors, and managerial employees.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RC-255684

Date Filed
2-4-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Allied Universal Security

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

3379 Peachtree Road Northeast
GA Atlanta 30326

3a. Employer Representative - Name and Title

Bailey Turpin

3b. Address (If same as 2b - state same)

3c. Tel. No.

(404) 844-4615

3d. Cell No.

(757) 408-0318

3e. Fax No.

3f. E-Mail Address

bailey.turpin@aus.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Services

4b. Principal product or service

Security

5a. City and State where unit is located:

Bronx, NY

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

25

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 01/28/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
February 21, 2020

11c. Election Time(s):
7-8:30 AM and 4-5:30 PM

11d. Election Location(s):
Room on site at Montefiore Hospital 1200 Waters Street Bronx NYC

12a. Full Name of Petitioner (including local name and number)

Louis Aviles
Local 642 Security Allied Federated Employees Union S.A.F.E.

12b. Address (street and number, city, state, and ZIP code)

44 Court Street Suite 1217
NY Brooklyn 11201

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

12d. Tel. No.

(917) 771-8010

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

goldblattlegal@gmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

Stephen Goldblatt
Law Office of Stephen Goldblatt

13b. Address (street and number, city, state, and ZIP code)

44 Court Street Suite 1217
NY Brooklyn 11201

13c. Tel. No.

(917) 771-8010

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

goldblattlegal@gmail.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Stephen Goldblatt

Signature

STEPHEN GOLDBLATT

Title

Date

02/3/2020 16:45:38

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED
FEB 04 2020

BY: _____

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-255684	2-4-20

Employees Included

All full-time and regular part-time security guards

Employees Excluded

All other non-guard employees, office clerical employees and supervisors


UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RC-255827Date Filed
2-6-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Millwood Lumber and Express Employment Professionals, a Single and/or Joint Employer		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 87 Millwood Road, Millwood, NY 10546	
3a. Employer Representative - Name and Title: Michael Malara, Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel No 914-941-8080	3d. Cell No.	3e. Fax No. 914-941-2814	3f. E-Mail Address mmalara@millwoodlumber.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Lumber yard		4b. Principal Product or Service Lumber products and hardware	5a. City and State where unit is located: Millwood, NY
5b. Description of Unit involved: Included: All full-time and regular part-time agency drivers and yardsmen working at the Employer's facility located at 87 Millwood Road, Millwood, NY 10546 Excluded: All other employees, managers, supervisors, and guards as defined by the Act			6a. Number of Employees in Unit: 2 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____, and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state): None		8b. Address:	
8c. Tel No	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Armour-Globe Self-Determination Election		11a. Election Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): February 21, 2020		11c. Election Time(s): 6:00 a.m. - 8:00 a.m.	
11d. Election Location(s): Millwood Lumber breakroom			
12a. Full Name of Petitioner (including local name and number): Local 456, International Brotherhood of Teamsters		12b. Address (street and number, city, State and ZIP code): 160 South Central Avenue Elmsford, NY 10523	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel No 914-592-9500	12e. Cell No.	12f. Fax No. 914-592-4266	12g. E-Mail Address Domcassanelli@teamsterslocal456.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Bryan T. Arnault, Esq./Blitman & King LLP		13b. Address (street and number, city, State and ZIP code): 443 North Franklin Street, Suite 300, Syracuse, NY 13204-5412	
13c. Tel. No. 315-422-7111	13d. Cell No. 315-378-3289	13e. Fax No. 315-471-2623	13f. E-Mail Address btarnault@bklawyers.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Bryan T. Arnault		Signature 	Title Attorney
		Date 02/05/20	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-256326

Date Filed

2-13-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Millwood Lumber and Express Employment Professionals, a Single and/or Joint Employer

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

87 Millwood Road, Millwood, NY 10546

3a. Employer Representative - Name and Title
See Attachment

3b. Address (if same as 2b - state same).
See Attachment

3c. Tel. No.
See Attachment

3d. Cell No.

3e. Fax No.
See Attachment

3f. E-Mail Address
See Attachment

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Lumber yard

4b. Principal Product or Service
Lumber products and hardware

5a. City and State where unit is located:
Millwood, NY

5b. Description of Unit Involved:

Included: All full-time and regular part-time agency drivers, drivers helpers, and yardsmen working at the Employer's facility located at 87 Millwood Road, Millwood, NY 10546

Excluded:

All other employees, managers, supervisors, and guards as defined by the Act

6a. Number of Employees in Unit:
2

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ on or about (Date) _____ (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)
None

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
February 28, 2020

11c. Election Time(s):
6:30 a.m. - 7:30 a.m.

11d. Election Location(s):
Millwood Lumber breakroom

12a. Full Name of Petitioner (including local name and number):
Local 456, International Brotherhood of Teamsters

12b. Address (street and number, city, State and ZIP code):
160 South Central Avenue
Elmsford, NY 10523

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters

12d. Tel. No.
914-592-9500

12e. Cell No.

12f. Fax No.
914-592-4266

12g. E-Mail Address
Domcassanelli@teamsterslocal456.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Bryan T. Arnault, Esq., of Counsel/Blitman & King LLP

13b. Address (street and number, city, State and ZIP code):
443 North Franklin Street, Suite 300, Syracuse, NY 13204-5412

13c. Tel. No.
315-671-3249

13d. Cell No.
315-378-3289

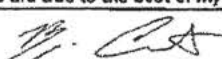
13e. Fax No.
315-471-2623

13f. E-Mail Address
btarnault@bklawyers.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Bryan T. Arnault

Signature



Title
of Counsel

Date
02/13/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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**Teamsters Local 456
and
Millwood Lumber and Express Employment Professionals,
a Single and/or Joint Employer**

Attachment to RC Petition

Response to Fields 3a.-3f.

Michael Malara, Manager
East Haven Builders d/b/a Millwood
Lumber
87 Millwood Road
Millwood, NY 10546
Tel: (914) 941-8080
Email: mmalara@millwoodlumber.com

Express Employment Professionals
30 Glenn Street, Suite 411
North White Plains, NY 10603
Tel: (914) 428-0680
Email: Jobs.NorthWestchesterCountyNY@ExpressPros.com

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RC-256354

Date Filed
2-13-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Northwell Health Physicians Partners Ophthalmology		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 210 E. 64th Street NY, NY & 3765 Riverdale Ave., Bronx, NY	
3a. Employer Representative - Name and Title Chelsea Da Costa, HR Manager		3b. Address (If same as 2b - state same) 600 Community Drive, Manhasset, NY 11030	
3c. Tel. No. 516-434-9452	3d. Cell No.	3e. Fax No.	3f. E-Mail Address cdacosta3@northwell.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical Office		4b. Principal product or service Health Care Services	5a. City and State where unit is located: New York, NY
5b. Description of Unit Involved Included: see attachment Excluded:			6a. No. of Employees in Unit: 53 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

RECEIVED
FEB 13 2020

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (If no reply received, so state).		<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

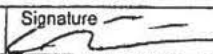
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 10, 2020	11c. Election Time(s): 8:30am to 9:30am and 12:30pm-1:30pm	11d. Election Location(s): 8th Floor Lunch Room at 210 E. 64th Street NY, NY	
12a. Full Name of Petitioner (including local name and number) 1199SEIU United Healthcare Workers East		12b. Address (street and number, city, state, and ZIP code) 330 West 42nd Street, New York, NY 10036	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union			
12d. Tel No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Micah Wissinger, Esq. Levy Ratner, P.C.		13b. Address (street and number, city, state, and ZIP code) 80 8th Avenue, 8th Floor, New York, NY 10011	
13c. Tel No. 212-627-8100	13d. Cell No.	13e. Fax No. 212-627-8182	13f. E-Mail Address mwissinger@levyratner.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Micah Wissinger	Signature 	Title Counsel to Petitioner	Date February 13, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment to Question 5b – Unit Description

Included: All regular full time, part time, and per diem non-professional employees, including ophthalmology tech, photographer, surgical coordinator, surgical scheduler, practice office assistant, practice associate, secretary, billing associate, front desk receptionist and medical records clerk.

Excluded: All guards, managers, confidential employees and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RC-256716

Date Filed
2-20-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer PRESTIGE MANAGEMENT		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1200 ZEREGA AVENUE NY BRONX 10462-	
3a. Employer Representative - Name and Title ARLYANE MCGLASHAN		3b. Address (If same as 2b - state same) 1200 ZEREGA AVENUE NY BRONX 10462-	
3c. Tel. No. (718) 822-7377	3d. Cell No.	3e. Fax No. (718) 822-7471	3f. E-Mail Address INFO@PRESTIGEMGT.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service BUILDING MANAGEMENT	5a. City and State where unit is located: Bronx, NY

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 8	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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BY: _____

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 3/6/2020	11c. Election Time(s): 12:00 NOON	11d. Election Location(s): 1544 BOONE AVENUE, BRONX, NY
------------------------------------	--------------------------------------	--

12a. Full Name of Petitioner (including local name and number) Gilberto Mendoza Local 660 UAW	12b. Address (street and number, city, state, and ZIP code) 100 SOUTH BEDFORD ROAD SUITE 340 NY MT KISCO 10549-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
New York

12d. Tel No. (646) 355-5291	12e. Cell No. (646) 355-5291	12f. Fax No.	12g. E-Mail Address GILBERTOTITOMENDOZA@HOTMAIL.COM
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Gilberto Mendoza	Signature GILBERTO MENDOZA	Title President	Date 02/19/2020 12:41:19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-256716	2-20-20

Employees Included
ALL SUPERS, PORTERS & HANDYMEN

Employees Excluded
MANAGERS, SUPERVISORS AND ALL OTHERS AS DEFINED BY THE ACT

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-256854

Date Filed

2-21-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION, RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Children's Museum of the Arts		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 103 Charlton St, New York, NY 10014	
3a. Employer Representative - Name and Title: Seth Cameron, Executive Director		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. (212) 274-0986	3d. Cell No.	3e. Fax No. (212) 274-1776	3f. E-Mail Address scameron@cmny.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Museum		4b. Principal Product or Service: Arts	5a. City and State where unit is located: New York, NY

5b. Description of Unit Involved: Included: All full time and regular part time employees of the employer. Excluded: All supervisors, managers, guards and facilities assistants.		6a. Number of Employees in Unit: 65	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) (If no reply received, so state).	RECEIVED FEB 21 2020	and Employer declined recognition
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.		

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None	8b. Address: BY: _____
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☒ No ☐ Yes If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: _____ 11a. Election Type:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): March 8 and March 9, 2020	11c. Election Time(s): 3:00 p.m. - 6:00 p.m.	11d. Election Location(s): ARTogether Room on the 1st floor
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12a. Full Name of Petitioner (including local name and number): Local 2110, Technical, Office & Professional Union, UAW	12b. Address (street and number, city, State and ZIP code): 256 W. 38th Street, Suite 704, New York, NY 10019
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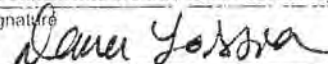
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
UAW, AFL-CIO

12d. Tel. No. (212) 387-0220	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title:
Dana Lossia, Attorney

13b. Address (street and number, city, State and ZIP code): Levy Ratner, P.C., 80 Eighth Avenue, New York, NY 10011	
13c. Tel. No. (212) 627-8100	13d. Cell No. (617) 510-0283
13e. Fax No. (212) 627-8182	13f. E-Mail Address dlossia(a)levyratner.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Dana Lossia	Signature 	Title Attorney for Local 2110	Date 2-21-20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 14942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RC-256886

Date Filed
2-25-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Northwell Health Physicians Partners Ophthalmology		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 210 E. 64th Street NY, NY & 3765 Riverdale Ave., Bronx, NY	
3a. Employer Representative - Name and Title Chelsea Da Costa, HR Manager		3b. Address (If same as 2b - state same) 600 Community Drive, Manhasset, NY 11030	
3c. Tel. No. 516-434-9452	3d. Cell No.	3e. Fax No.	3f. E-Mail Address cdacosta3@northwell.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical Office		4b. Principal product or service Health Care Services	
5b. Description of Unit Involved Included: see attachment Excluded:		5a. City and State where unit is located: New York, NY	
		6a. No. of Employees in Unit: 53	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): March 10, 2020	11c. Election Time(s): 8:30am to 9:30am and 12:30pm-1:30pm	11d. Election Location(s): 8th Floor Lunch Room at 210 E. 64th Street NY, NY	11e. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
12a. Full Name of Petitioner (including local name and number) 1199SEIU United Healthcare Workers East		12b. Address (street and number, city, state, and ZIP code) 330 West 42nd Street, New York, NY 10036	

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union

12d. Tel No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Micah Wissinger, Esq. Levy Ratner, P.C.		13b. Address (street and number, city, state, and ZIP code) 80 8th Avenue, 8th Floor, New York, NY 10011	
13c. Tel No. 212-627-8100	13d. Cell No.	13e. Fax No. 212-627-8182	13f. E-Mail Address mwissinger@levyratner.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Micah Wissinger	Signature 	Title Counsel to Petitioner	Date February 24, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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RECEIVED
NLRB
REGION 2
NEW YORK, NY
2020 FEB 25 PM 12:03

Attachment to Question 5b – Unit Description

Included: All regular full time, part time, and per diem non-professional employees, including ophthalmology tech, photographer, surgical coordinator, surgical scheduler, practice office assistant, practice associate, secretary, billing associate, front desk receptionist and medical records clerk.

Excluded: All guards, managers, confidential employees and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RC-256916

Date Filed
2-25-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Breaking Ground, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 505 8th Avenue NY New York 10018	
3a. Employer Representative - Name and Title Brenda Rosen		3b. Address (If same as 2b - state same)	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Apartments	
		5a. City and State where unit is located: New York, NY	

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit. 30
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Tuesdays 11c. Election Time(s): 12pm-1pm and 4pm-7pm 11d. Election Location(s): Prince George Building, 15 East 27th Street, New York 10016

12a. Full Name of Petitioner (including local name and number) Pedro Card Local 210, International Brotherhood of Teamsters 12b. Address (street and number, city, state, and ZIP code) 55 Broad Street 11th Floor NY New York 10004

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters

12d. Tel No. (917) 657-3511	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Clara Suh Esq. Hoffmann & Associates		13b. Address (street and number, city, state, and ZIP code) 450 Seventh Avenue, Suite 1400 NY New York 10123	
13c. Tel No. (212) 679-0400	13d. Cell No.	13e. Fax No.	13f. E-Mail Address clara.suh@hoffmannlegal.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Clara Suh Esq.	Signature Clara Suh	Title	Date 02/24/2020 15:52:52
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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RECEIVED
FEB 25 2020

BY: _____

Attachment

Employees Included
Maintenance Workers

Employees Excluded
Managers and security guards

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-256916	2-25-20

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-257151

Date Filed

2-27-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:

XPO Logistics

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

120 Neelytown Rd, Montgomery, NY 12549

3a. Employer Representative - Name and Title:

Dennis Gregory, Terminal Mgr

3b. Address (if same as 2b - state same):

RECEIVED
FEB 27 2020

3c. Tel. No.

(845) 457-4040

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Trucking/shipping

4b. Principal Product or Service

Transportation

4c. City and State where unit is located:

Montgomery, NY

5b. Description of Unit Involved:

Included:

All full-time and regular part-time truck drivers.

Excluded:

All other employees including guards and supervisors as defined in the Act.

6a. Number of Employees in Unit:

App. 50

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).

☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** ☒ If so, approximately how many employees are participating?

(Name of Labor Organization)

, has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above, (if none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

March 20, 2020

11c. Election Time(s):

7 am -10 am; 4pm -7pm

11d. Election Location(s):

Employer's place of business

12a. Full Name of Petitioner (including local name and number):

Teamsters Local 445

12b. Address (street and number, city, State and ZIP code):

15 Stone Castle Road, Rock Tavern, NY 12575

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

International Brotherhood of Teamsters

12d. Tel. No.

(845) 564-5297

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:

Michael C. Anderson, Esq./Barnes, Iaccarino & Shepherd LLP

13b. Address (street and number, city, State and ZIP code):

258 Saw Mill River Rd., 2nd Fl. Elmsford, NY 10523

13c. Tel. No.

(914) 592-1515

13d. Cell No.

13e. Fax No.

(914) 592-3213

13f. E-Mail Address

manderson@bislawfirm.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Michael C. Anderson

Signature



Title

Attorney

Date

2/27/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-257165

Date Filed

2-27-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Breaking Ground, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 505 8th Avenue NY New York 10018-	
3a. Employer Representative - Name and Title Linda R Carlotzzi Esq.		3b. Address (If same as 2b - state same) 666 Third Avenue 29th Floor NY New York 10017-	
3c. Tel. No. (212) 545-4040	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Linda.Carlotzzi@jacksonlewis.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Housing	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: New York, NY	
		6a. No. of Employees in Unit: 6	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			

10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Tuesday		11c. Election Time(s): 12-1pm and 4pm-7pm		11d. Election Location(s): 505 8th Avenue, New York, NY 10018			
12a. Full Name of Petitioner (including local name and number) Pedro Card Local 210, International Brotherhood of Teamsters				12b. Address (street and number, city, state, and ZIP code) 55 Broad Street, 11th Floor NY New York 10004-			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters							
12d. Tel No. (917) 657-3511		12e. Cell No.		12f. Fax No.		12g. E-Mail Address (b) (6), (b) (7)(C)	

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Clara Suh Esq. Hoffmann & Associates		13b. Address (street and number, city, state, and ZIP code) 450 Seventh Avenue, Suite 1400 NY New York 10123-	
13c. Tel No. (212) 679-0400	13d. Cell No.	13e. Fax No.	13f. E-Mail Address clara.suh@hoffmannlegal.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Clara Suh Esq.	Signature Clara Suh	Title	Date 02/27/2020 13:07:36
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED
FEB 27 2020

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-257165	2-27-20

Employees Included

All maintenance workers working at 505 8th Avenue, New York, NY 10018 including housekeepers, engineers and painters

Employees Excluded

Office clerical employees, supervisors, security officers

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RC-257166

Date Filed
2-27-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Breaking Ground, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 202 West 24th Street NY New York 10011-	
3a. Employer Representative - Name and Title Linda R Carlozzi Esq.		3b. Address (if same as 2b - state same) 666 Third Avenue, 29th Floor NY New York 10017-	
3c. Tel. No. (212) 545-4040	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Linda.Carlozzi@jacksonlewis.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Housing	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: New York, NY	
		6a. No. of Employees in Unit 8	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)			

10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s) Tuesdays		11c. Election Time(s) 12pm-1pm and 4pm-7pm		11d. Election Location(s): 202 West 24th Street, New York, NY 10011			
12a. Full Name of Petitioner (including local name and number) Pedro Card Local 210, International Brotherhood of Teamsters				12b. Address (street and number, city, state, and ZIP code) 55 Broad Street, 11th Floor NY New York 10004-			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters							
12d. Tel No. (917) 657-3511		12e. Cell No.		12f. Fax No.		12g. E-Mail Address (b) (6), (b) (7)(C)	

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Clara Suh Esq. Hoffmann & Associates		13b. Address (street and number, city, state, and ZIP code) 450 Seventh Avenue, Suite 1400 NY New York 10123-	
13c. Tel No. (212) 679-0400	13d. Cell No.	13e. Fax No.	13f. E-Mail Address clara.suh@hoffmannlegal.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Clara Suh Esq.	Signature Clara Suh	Title	Date 02/27/2020 12:59:35
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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RECEIVED
FEB 27 2020

RY:_____

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-257166	2-27-20

Employees Included

All maintenance workers working at 202 West 24th Street, New York, NY 10011
including housekeepers, engineers and painters

Employees Excluded

Office clerical employees, supervisors, security officers

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

02-RC-257167

2-27-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Breaking Ground Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 14 East 28th Street NY New York 10016	
3a. Employer Representative - Name and Title Linda Carlozzi Esq.		3b. Address (If same as 2b - state same) 666 Third Avenue, 29th Floor NY New York 10017	
3c. Tel. No. (212) 545-4040	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Linda.Carlozzi@jackconlewis.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Housing	
5a. City and State where unit is located: New York, NY			

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit 6
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received**
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating? _____
 (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): Tuesdays	11c. Election Time(s): 12pm-1pm and 4pm-7pm	11d. Election Location(s): 14 East 28th Street, New York, NY 10016
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12a. Full Name of Petitioner (including local name and number) Pedro Card Local 210, International Brotherhood of Teamsters	12b. Address (street and number, city, state, and ZIP code) 55 Broad Street, 11th Floor NY New York 10004
--	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (917) 657-3511	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Clara Suh Esq. Hoffmann & Associates		13b. Address (street and number, city, state, and ZIP code) 450 Seventh Avenue, Suite 1400 NY New York 10123	
13c. Tel No. (212) 679-0400	13d. Cell No.	13e. Fax No.	13f. E-Mail Address clara.suh@hoffmannlegal.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Clara Suh Esq.	Signature Clara Suh	Title	Date 02/27/2020 12:49:39
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED
FEB 27 2020

BY: _____

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-257167	2-27-20

Employees Included

all maintenance workers working at 14 East 28th Street, New York, NY 10016 including
houseskeepers, engineers and painters

Employees Excluded

Office clerical employees, supervisors, security officers

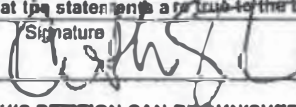
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
03-RC-256422Date Filed
2/18/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Safire Rehabilitation of the Northtowns		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2799 Sheridan Drive, Tonawanda, NY 14150	
3a. Employer Representative - Name and Title: Heather Edwards		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 716-837-4466	3d. Cell No.	3e. Fax No. 716-332-3520	3f. E-Mail Address HEdwards@northtownscarecenter.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) nursing home		4b. Principal Product or Service health care	5a. City and State where unit is located: Tonawanda, NY
5b. Description of Unit Involved: Included: All full-time, part-time, and per diem professional and technical employees. Excluded: All other employees, guards, and supervisors as defined by the Act.			6a. Number of Employees in Unit: 7
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) 1199 SEIU United Healthcare Workers East		8b. Address: 2421 Main Street, Suite 100, Buffalo, NY 14214	
8c. Tel. No. 716-982-0540	8d. Cell No.	8e. Fax No. 716-876-0930	8f. E-Mail Address kim.gibson@1100.org
8g. Affiliation, if any: Service Employees International Union		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> no <input type="checkbox"/> yes If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 2799 Sheridan Drive, Tonawanda, NY 14150		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 4, 2020	11c. Election Time(s): 11:30 a.m. to 1:30 p.m.	11d. Election Location(s): Conference Room	
12a. Full Name of Petitioner (including local name and number): 1199 SEIU United Healthcare Workers East		12b. Address (street and number, city, State and ZIP code): 2421 Main Street, Suite 100, Buffalo, NY 14214	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union			
12d. Tel. No. 716-982-0540	12e. Cell No.	12f. Fax No. 716-877-0930	12g. E-Mail Address kim.gibson@1199.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Catherine Creighton, Esq.		13b. Address (street and number, city, State and ZIP code): 1103 Delaware Ave., Buffalo, NY 14209	
13c. Tel. No. 716-854-0007	13d. Cell No. 716-868-9026	13e. Fax No. 716-854-0004	13f. E-Mail Address ccreighton@cpjglaborlaw.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Catherine Creighton		Signature 	Title Attorney
			Date 2/14/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
03-RC-256434Date Filed
3/18/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Wainfleet Companies, d/b/a Perks		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 448 Elmwood Ave., Buffalo, NY 14222 and 349 Connecticut St., Buffalo, NY	
3a. Employer Representative - Name and Title: Robert Newman		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (716) 856-0709	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rlnewman@wainfleetcompanies.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail		4b. Principal Product or Service coffee shop cafe	
5a. City and State where unit is located: Buffalo, NY		5b. Description of Unit Involved: Included: All fulltime and regular part-time employees at the Elmwood and Connecticut location: Excluded: All supervisors and guards as defined by the Act	
6a. Number of Employees in Unit: 22		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>no</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 6 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election.			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): March 3, 2020		11c. Election Time(s): 10a-11:30a & 2p - 5p	
11d. Election Location(s): Region 3 Office, NLRB			
12a. Full Name of Petitioner (including local name and number): Workers United		12b. Address (street and number, city, State and ZIP code): 750 East Avenue, Rochester, NY 14607	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UNITE			
12d. Tel. No. 585-473-3280	12e. Cell No.	12f. Fax No.	12g. E-Mail Address ccreighton@cpjglaborlaw.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Catherine Creighton		13b. Address (street and number, city, State and ZIP code): 1103 Delaware Ave., Buffalo, NY 14209	
13c. Tel. No. 716-854-0007	13d. Cell No. 716-868-9026	13e. Fax No. 716-854-0004	13f. E-Mail Address ccreighton@cpjglaborlaw.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Catherine Creighton	Signature 	Title attorney	Date 2/17/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Case No.
03-RC-256434Date Filed
2/19/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Wainfleet Companies, d/b/a Perks	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 447 Elmwood Ave, Buffalo NY 14222, 349 Connecticut St, Buffalo NY 14213 and 617 Main Street, Buffalo NY 14203
3a. Employer Representative - Name and Title: Robert Newman	3b. Address (if same as 2b - state same): same

3c. Tel. No. 716-856-0709	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rlnewman@wainfleetcompanies.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail		4b. Principal Product or Service Coffee shop cafe	5a. City and State where unit is located: Buffalo NY
5b. Description of Unit involved: Included: All full-time and regular part-time employees at all 3 locations in Buffalo NY Excluded: All supervisors and guards as defined by the Act			6a. Number of Employees in Unit: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No if so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: _____
11a. Election Type:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): March 3, 2020	11c. Election Time(s): 10 a.m. - 11:30 a.m. & 2 p.m. - 5 p.m.	11d. Election Location(s): Region 3 Office, NLRB
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12a. Full Name of Petitioner (including local name and number): Workers United	12b. Address (street and number, city, State and ZIP code): 750 East Avenue Rochester NY 14607
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
UNITE

12d. Tel. No. 585-473-3280	12e. Cell No.	12f. Fax No.	12g. E-Mail Address ccreighton@cpjglaoblaw.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Catherine Creighton, Attorney		13b. Address (street and number, city, State and ZIP code): 1103 Delaware Ave, Buffalo NY 14209
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13c. Tel. No. 716-854-0007	13d. Cell No. 716-868-9026	13e. Fax No. 716-854-0004	13f. E-Mail Address ccreighton@cpjglaborlaw.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Catherine Creighton	Signature 	Title Attorney	Date 2/18/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 03-RC-256608	Date Filed 2/20/2020
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Kaleida Health	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 726 Exchange Street Floor 2 NY Buffalo 14210-
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3a. Employer Representative - Name and Title Robert Heftka Esq.	3b. Address (If same as 2b - state same) 726 Exchange Street Floor 2 NY Buffalo 14210-
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3c. Tel. No. (716) 859-8602	3d. Cell No.	3e. Fax No. (716) 859-8670	3f. E-Mail Address rheftka@kaleidahealth.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service Healthcare	5a. City and State where unit is located: Buffalo, NY
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 2 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 02/17/2020 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 3/4/2020	11c. Election Time(s): 11:30am-12:00pm and 2:00pm-2:30pm	11d. Election Location(s): Millard Fillmore Basement Conference Room
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12a. Full Name of Petitioner (including local name and number) Patrick M Weisansal II Patrick Weisansal II - Communications Workers of America AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 1900 sweet home road NY amherst 14228-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Communications Workers of America AFL-CIO

12d. Tel No. (716) 725-4953	12e. Cell No.	12f. Fax No. (716) 639-9100	12g. E-Mail Address pweisansalii@cwa1168.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Amy Young Esq. District 1 Counsel Communications Workers of America AFL-CIO	13b. Address (street and number, city, state, and ZIP code) 80 pine street 37th Floor NY New York 10005-
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13c. Tel No. (212) 530-4744	13d. Cell No. (917) 796-1158	13e. Fax No. (212) 425-2947	13f. E-Mail Address ayoung@cwa-union.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Patrick M Weisansal II	Signature Patrick M. Weisansal II	Title Director of Mobilizing and Organizing	Date 02/19/2020 12:50:10
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 03-RC-256608	Date Filed 2/20/2020

Employees Included

All full time and regular part time Anatomic Pathologists' Assistants employed by the employer at its Kaleida Health, Millard Fillmore Suburban site. NOTE: petition seeks an Armour-Globe election to include the petitioner for employees in the party's existing collective bargaining unit as described in the 2019-2021 master agreement with Kaleida Health per article 3, section 1.G., "Millard Fillmore Hospital Professional Bargaining Unit"

Employees Excluded

All other employees, including casual, guards, an supervisors as defined by the act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

03-RC-256618

2/20/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Kaleida Health		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 726 Exchange Street Floor 2 NY Buffalo 14210-	
3a. Employer Representative - Name and Title Robert Heftka Esq.		3b. Address (If same as 2b - state same) 726 Exchange Street Floor 2 NY Buffalo 14210-	
3c. Tel. No. (716) 859-8602	3d. Cell No.	3e. Fax No. (716) 859-8670	3f. E-Mail Address rheftka@kaleidahealth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Healthcare	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			5a. City and State where unit is located: Buffalo, NY 6a. No. of Employees in Unit: 6 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 02/17/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received**
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 3/4/2020	11c. Election Time(s): 8:00am - 9:00am and 12:30pm - 1:30pm	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11d. Election Location(s): Millard Fillmore Hospital Board Room / Conference Room	12a. Full Name of Petitioner (including local name and number) Patrick M Weisansal II Patrick Weisansal II - Communications Workers of America AFL-CIO
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12b. Address (street and number, city, state, and ZIP code)
1900 sweet home road
NY Amherst 14226-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communications Workers of America AFL-CIO		12d. Tel No. (716) 725-4953	12e. Cell No.	12f. Fax No. (716) 639-9100	12g. E-Mail Address pweisansalii@cwa1168.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Amy Young Esq. District 1 Counsel Communications Workers of America AFL-CIO	13b. Address (street and number, city, state, and ZIP code) 80 Pine Street 37th floor NY New York 10005-
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13c. Tel No. (212) 530-4744	13d. Cell No. (917) 796-1158	13e. Fax No. (212) 425-2947	13f. E-Mail Address ayoung@cwa-union.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Patrick M Weisansal II	Signature Patrick M Weisansal II	Title Director of Mobilizing and Organizing	Date 02/19/2020 12:44:26
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 03-RC-256618	Date Filed 2/20/2020

Employees Included

All full time and regular part time clinical dieticians employed by the employer at its Kaleida Health, Millard Fillmore Suburban site. NOTE: petition seeks an Armour-Globe election to include the petitioner for employees in the party's existing collective bargaining unit as described in the 2019-2021 master agreement with Kaleida Health per article 3, section 1.G., "Millard Fillmore Hospital Professional Bargaining Unit"

Employees Excluded

All other employees, including casual, guards, an supervisors as defined by the act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 03-RC-257044 Date Filed 2/27/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
First Student 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
3883 State Route 52 Youngsville, NY 12791

3a. Employer Representative - Name and Title
Joe Petrozak - Area General Manager 3b. Address (If same as 2b - state same)

3c. Tel. No. **845-454-3065** 3d. Cell No. **845-240-6188** 3e. Fax No. 3f. E-Mail Address
joe.petrozak@firstgroup.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Transportation 4b. Principal product or service
School Bus Transportation 5a. City and State where unit is located:
Youngsville, NY

5b. Description of Unit Involved
Included: Full time and part time drivers; full time and part time monitors; full time and part time mechanics and Tech-in-Charge (TIC)
Excluded: All others as defined by the ACT 6a. No. of Employees in Unit:
38 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about (Date) (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address

8c. Tel No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address

8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name 10b. Address 10c. Tel. No. 10d. Cell No.
10e. Fax No. 10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): **Monday - Friday** 11c. Election Time(s): **6AM - 6PM** 11d. Election Location(s): **3883 State Route 52 Youngsville, NY 12791**

12a. Full Name of Petitioner (including local name and number)
International Brotherhood of Teamsters Local 445 12b. Address (street and number, city, state, and ZIP code)
15 Stone Castle Road Rock Tavern, NY 12575

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. **845-564-5297 x 131** 12e. Cell No. **845-857-7931** 12f. Fax No. **845-564-4120** 12g. E-Mail Address
lpolesel@teamstersunion445.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title **Lori Polesel - VP** 13b. Address (street and number, city, state, and ZIP code)
15 Stone Castle Road Rock Tavern, NY 12575

13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) **Lori Polesel** Signature *Lori Polesel* Title **Vice President** Date **February 27, 2020**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

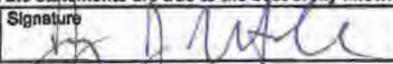
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
03-RC-257153Date Filed
2/28/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Vassar Brothers Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 45 Reade Place Poughkeepsie, NY 12601	
3a. Employer Representative - Name and Title: Eileen Miller Director of Human Resources		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (845) 454-8500	3d. Cell No.	3e. Fax No.	3f. E-Mail Address eileen.miller@nuvancehealth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) health care facility		4b. Principal Product or Service health care	
5a. City and State where unit is located: Poughkeepsie, NY		5b. Description of Unit Involved: Included: All Registered Nurse Case Managers, residual to the existing unit of Registered Nurses described in the Scope Clause of the collective bargaining agreement between the Excluded: Union and Employer. Social Worker Case Managers and Statutory Supervisors	
6a. Number of Employees in Unit: 16		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2/28/2020 on or about (Date) (If no reply received, so state). and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 18, 2020	11c. Election Time(s): 12:00-2:00 p.m.	11d. Election Location(s): Conference Room A (4th Floor)	
12a. Full Name of Petitioner (including local name and number): New York State Nurses Association		12b. Address (street and number, city, State and ZIP code): 131 West 33rd Street, 4th Floor New York, New York 10001 Attn: Jessica Oliva	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): None			
12d. Tel. No. (212) 785-0157	12e. Cell No.	12f. Fax No. (212) 785-0242	12g. E-Mail Address Jessica.Oliva@NYSNA.ORG
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Joseph J. Vitale, Counsel Cohen, Weiss and Simon LLP		13b. Address (street and number, city, State and ZIP code): 900 Third Avenue, Suite 2100 New York, NY 10022	
13c. Tel. No. (212) 356-0238	13d. Cell No.	13e. Fax No. (646) 473-8238	13f. E-Mail Address jvitale@cwsny.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Joseph J. Vitale	Signature 	Title Counsel	Date 2/28/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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2/26/2020

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of this information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-255726

Date Filed

2/4/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: New York Blood Center d/b/a Blood Bank of Delmarva		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 100 Hygeia Drive, Newark, DE 19713	
3a. Employer Representative - Name and Title: Richard Thomas, Senior Executive Director		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 1-888-825-6638	3d. Cell No. n/a	3e. Fax No. n/a	3f. E-Mail Address rthomas@bbd.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) blood donation centers		4b. Principal Product or Service receive blood donations	
5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A		5a. City and State where unit is located: Newark, DE	
		6a. Number of Employees in Unit: 53	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 02/04/20 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address: n/a	
8c. Tel. No. n/a	8d. Cell No. n/a	8e. Fax No. n/a	8f. E-Mail Address n/a
8g. Affiliation, if any: n/a		8h. Date of Recognition or Certification n/a	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) n/a			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? 0 (Name of Labor Organization) n/a has picketed the Employer since (Month, Day, Year) n/a			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none			
10a. Name n/a	10b. Address n/a	10c. Tel. No. n/a	10d. Cell No. n/a
		10e. Fax No. n/a	10f. E-Mail Address n/a
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): February 28, 2020		11c. Election Time(s): 2:00-6:00pm	
		11d. Election Location(s): See attachment B	
12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers Union, Local 27		12b. Address (street and number, city, State and ZIP code): 21 West Road, Suite 200, Towson, MD 21204	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food & Commercial Workers International Union			
12d. Tel. No. n/a	12e. Cell No. n/a	12f. Fax No. n/a	12g. E-Mail Address n/a
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Nelson Hill, Assistant to the President		13b. Address (street and number, city, State and ZIP code): 21 West Road, Suite 200, Towson, MD 21204	
13c. Tel. No. 410-337-2700	13d. Cell No. 302-632-4530	13e. Fax No. 410-307-1799	13f. E-Mail Address n.hill@ufcw27.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Nelson Hill	Signature 		Title Assistant to the President
			Date 02/04/20

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

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Attachment A

Included:

All full time and part time Donor Services employees including Blood Collection Technicians I, Blood Collection Technicians II, Blood Collection Technicians III, Blood Collection Technicians IV, Blood Collection Technician Leads, Fleet Drivers, and Registration Specialists located at:

Christiana Center

100 Hygeia Dr. Newark, DE, 19713

Salisbury Center

1309 Mt. Hermon Rd. Salisbury, MD 21804

Dover Center

221 Saulsbury Rd. Dover, DE 19904

Christiana Care Concord Health Center

161 Wilmington-West Chester Park, Suite 2300,

Chadds Ford, PA 19317

Excluded:

All other employees, including but not limited to distribution drivers, schedulers, administrative personnel, guards, and supervisors as defined by the act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-255803

Date Filed

2/5/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Rejuvenations at Fair Acres

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
340 N. Middletown Rd. Media, PA 19063

3a. Employer Representative - Name and Title:
Elizabeth Bilotta, Chief Human Resource Officer, Crozer-Keystone Medical System

3b. Address (if same as 2b - state same):
190 W. Sproul Rd. Springfield, PA 19064

3c. Tel. No.
610-338-8241

3d. Cell No.
215-284-8372

3e. Fax No.
610-338-8290

3f. E-Mail Address
elizabeth.bilotta@crozer.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Behavioral Health Facility

4b. Principal Product or Service
Healthcare

5a. City and State where unit is located:
Media, PA

5b. Description of Unit Involved:

Included:
See attached

Excluded:
See attached

6a. Number of Employees in Unit:
29

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 02/05/20 and Employer declined recognition on or about (Date) (If no reply received, so state).

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)
none

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
none

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
2/24/20

11c. Election Time(s):
6-9am, 12-2pm, 6-9pm

11d. Election Location(s):
See attached

12a. Full Name of Petitioner (including local name and number):
Pennsylvania Association of Staff Nurses and Allied Professionals

12b. Address (street and number, city, State and ZIP code):
1 Fayette Street, Suite 475 Conshohocken, PA 19428

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
none

12d. Tel. No.
610-567-2907

12e. Cell No.
215-287-8042

12f. Fax No.
610-567-2915

12g. E-Mail Address
cstelitano@pasnap.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Casy Stelitano, Organizer

13b. Address (street and number, city, State and ZIP code):
1 Fayette Street, Suite 475 Conshohocken, PA 19428

13c. Tel. No.
610-567-2907

13d. Cell No.
215-287-8042

13e. Fax No.
610-567-2915

13f. E-Mail Address
cstelitano@pasnap.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Casy Stelitano

Signature



Title
Organizer

Date
02/05/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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5b.

Included: All full-time, part-time and per diem professional, technical and non-professional employees, including registered nurses, licensed practical nurses, patient care technicians, unit clerks and therapists employed at Rejuvenations at Fair Acres;

Excluded: All other employees, and skilled maintenance, guards, confidential employees and supervisors as defined by the Act.

11d. Election Location(s): Fair Acres Administrative Building 18 1st Floor Conference Room

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-255831

Date Filed

2-06-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Temple University Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Jeanes Hospital - Bone Marrow Transplant Unit 7600 Central Avenue PA Philadelphia 19111	
3a. Employer Representative - Name and Title Albert D'Attilio Esq.		3b. Address (if same as 2b - state same) 3401 N. Broad Street PA Philadelphia 19140	
3c. Tel. No. (215) 707-8257	3d. Cell No. (215) 280-8283	3e. Fax No.	3f. E-Mail Address Albert.D'Attilio@tuhs.temple.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities		4b. Principal product or service Healthcare	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Philadelphia, PA	
		6a. No. of Employees in Unit: 2	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): February 26, 2020	11c. Election Time(s): between 11-1pm	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11d. Election Location(s): Jeanes Hospital 7600 Central Avenue, Philadelphia, PA 19111	12b. Address (street and number, city, state, and ZIP code) 1 Fayette Street Suite 475 PA Philadelphia 19428
--	---

12a. Full Name of Petitioner (including local name and number)
Juanita N Howard
Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
None

12d. Tel No. (610) 567-2907	12e. Cell No. (267) 512-1585	12f. Fax No. (610) 567-2915	12g. E-Mail Address jhoward@pasnap.com
---------------------------------------	--	---------------------------------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Juanita N Howard	Signature Juanita Howard	Title Staff Representative	Date 02/6/2020 08:10:27
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
04-RC-255831	2-06-20

Employees Included

Financial Coordinators from the Bone Marrow Transplant unit located at Jeanes hospital to be included in the existing combined bargaining unit of Technical and Professional employees at Temple University Hospital

Employees Excluded

Other technical staff at Jeanes

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

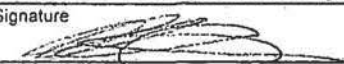
04-RC-255946

Date Filed

2-07-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Kindle Cape May Car Wash		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 525 Stone Harbor Blvd, Cape May Court House, NJ 08210	
3a. Employer Representative - Name and Title: Bill Kindle, Owner		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (609) 778-1656	3d. Cell No. Unknown	3e. Fax No. Unknown	3f. E-Mail Address billkindle@kindleautoplaza.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Car wash		4b. Principal Product or Service Car washing and detailing	5a. City and State where unit is located: Cape May Court House, NJ
5b. Description of Unit Involved: Included: Detailers and car washers Excluded: Office clerical, professional, managerial, guards and supervisors as defined in the Act			6a. Number of Employees in Unit: 5 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. <i>Petitioner serves as Demand</i>			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
			10e. Fax No.
			10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): February 28, 2020		11c. Election Time(s): 12:00 PM - 1:00 PM	
11d. Election Location(s): Employer's facilities			
12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers, Local Lodge 447, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 425 Broadhollow Road, Ste 307 Melville, NY 11747	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Machinists and Aerospace Workers, AFL-CIO			
12d. Tel. No. (718) 422-0090	12e. Cell No. (856) 562-9357	12f. Fax No. (718) 422-0177	12g. E-Mail Address cwalsh@iamdistrict15.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Nicholas A. Scotto, Special Representative		13b. Address (street and number, city, State and ZIP code): 26 Court St, Ste 1710, Brooklyn, NY 11242	
13c. Tel. No. (929) 226-1724	13d. Cell No. (631) 219-4116	13e. Fax No. (646) 902-5720	13f. E-Mail Address nscotto@iamaw.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Nicholas A. Scotto		Signature 	Title Special Representative
		Date 2/7/2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 04-RC-256028

Date Filed
2-10-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: **CADES**
Children and Adult Disability Education Services

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
401 Rutgers Avenue Southmore, PA 19081

3a. Employer Representative - Name and Title:
Sandi Montalvo Director of Human Resources

3b. Address (if same as 2b - state same):

3c. Tel. No.
610-328-5955

3d. Cell No.

3e. Fax No.
610-328-0495

3f. E-Mail Address
SANDI.MONTALVO@CADES.ORG

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

4b. Principal Product or Service

5a. City and State where unit is located:
Southmore, PA

5b. Description of Unit Involved:

Included: **All Direct Support Professionals**

Excluded: **All Statutory Managers and Confidential employees defined by the ACT**

6a. Number of Employees in Unit:
162

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☒ If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____ (Name of Labor Organization)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:

11a. Election Type:
☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
March 3rd, 4th or 5th

11c. Election Time(s):
NOON

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):
Service employees international union Local 668

12b. Address (street and number, city, State and ZIP code):
2589 Interstate Drive, Harrisburg, PA 17110

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Service Employees International Union

12d. Tel. No.
215-561-2350

12e. Cell No.
412-708-8566

12f. Fax No.
215-561-3044

12g. E-Mail Address
randall.bacon@seiub68.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Randall Bacon II Organizing Director

13b. Address (street and number, city, State and ZIP code):
2589 Interstate Drive, Harrisburg, PA 17110

13c. Tel. No.
412-708-8566

13d. Cell No.
412-708-8566

13e. Fax No.
215-561-3044

13f. E-Mail Address
randall.bacon@seiub68.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) **Randall Bacon II**

Signature **Randall Bacon II**

Title **Organizing Director**

Date

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-256058

Date Filed

2/10/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Cooper University Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1 Cooper Plz, Camden, New Jersey 08103	
3a. Employer Representative - Name and Title Kenneth Maurone CH/FM-Director Plant Operations and Maintenance		3b. Address (If same as 2b - state same) 618 Benson Street, Camden, NJ 08103	
3c. Tel. No. 856-342-2914	3d. Cell No. 856-298-2887	3e. Fax No. 856-968-8383	3f. E-Mail Address Maurone-Kenneth@Cooperhealth.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Health Care	
5b. Description of Unit Involved Included: All full time and regular part-time skilled maintenance employees employed by the Employer at its Camden, New Jersey acute care hospital; Excluded: service and maintenance employees, technical employees, office clerical employees, professional employees, security guards and supervisors as defined in this Act.		5a. City and State where unit is located; Camden, New Jersey	
6a. No. of Employees in Unit 32		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) None and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? none
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name None	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): March 3, 2020	11c. Election Time(s): 8:30am to 7:30am and 2:30pm to 3:30pm	11d. Election Location(s): Conference Room 618 Benson Street, Camden, NJ 08103
12a. Full Name of Petitioner (Including local name and number) International Union of Operating Engineers Local 68, 68a, 68b, 68c, 68d		12b. Address (street and number, city, state, and ZIP code) 11 Fairfield Place, West Caldwell, NJ 07006	

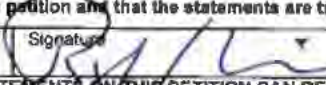
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

12d. Tel. No. 973-244-5800	12e. Cell No. 973-722-1550	12f. Fax No. 973-227-3785	12g. E-Mail Address kkenney@local 68.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Raymond G. Heineman, Esq.		13b. Address (street and number, city, state, and ZIP code) 99 Wood Ave., South, Suite 307, Iselin, NJ 08830	
13c. Tel. No. 732-491-2104	13d. Cell No. 732-266-8287	13e. Fax No. 732-491-2120	13f. E-Mail Address rheineman@krollfirm.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Raymond G. Heineman	Signature 	Title Attorney	Date February 10, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION


DO NOT WRITE IN THIS SPACE

Case No. 04-RC-256144

Date Filed 2/11/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Lehigh Valley Underground, LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4136 Bethman Rd Easton, PA 18045	
3a. Employer Representative - Name and Title: Christina Micklos Owner		3b. Address (if same as 2b - state same): same	
3c. Tel. No.	3d. Cell No. 732-476-7159	3e. Fax No.	3f. E-Mail Address mickloschristina@gmail.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility Contractor		4b. Principal Product or Service Directional Boring	5a. City and State where unit is located: Easton, PA
5b. Description of Unit Involved: Included: See attached sheet Excluded: See attached sheet			5a. Number of Employees in Unit: 35 5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 02/11/2020 and Employer declined recognition on or about (Date) 2-11-2020 (If no reply received, so state) no reply <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: In person, secret ballot <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 02/28/2020		11c. Election Time(s): 05:30-07:00	11d. Election Location(s): 101 S 3rd Street Easton PA
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers, Local Union 126		12b. Address (street and number, city, State and ZIP code): 3455 Germantown Pike Collegeville, PA 19426	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers, AFL-CIO			
12d. Tel. No. 610-489-1185	12e. Cell No. 484-895-8876	12f. Fax No.	12g. E-Mail Address msimmonds@ibewlu126.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Michael Simmonds, Organizer		13b. Address (street and number, city, State and ZIP code): 3455 Germantown Pike Collegeville, PA 19426	
13c. Tel. No. 610-489-1185	13d. Cell No. 484-895-8876	13e. Fax No.	13f. E-Mail Address msimmonds@ibewlu126.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Michael Simmonds	Signature 	Title Organizer	Date 02/11/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
04-RC-256701

Date Filed
2/20/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Prime Care Medical, INC.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3940 Locust Lane PA Harrisburg 17109	
3a. Employer Representative - Name and Title Todd Haskins		3b. Address (If same as 2b -- state same) 3940 Locust Lane PA Harrisburg 17109	
3c. Tel. No. (800) 245-7277	3d. Cell No.	3e. Fax No. (717) 545-5491	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Medical Care for inmates at the Monroe County Correctional Facility	
5a. City and State where unit is located: Stroudsburg, PA			

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 15
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): March 13th 2020	11c. Election Time(s): Mail Ballot Election	11d. Election Location(s): Mail Ballot Election
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12a. Full Name of Petitioner (Including local name and number)
Matt Weidman
Matt Weidman - Teamsters Local 773

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (610) 841-3284	12e. Cell No.	12f. Fax No.	12g. E-Mail Address mweidman@teamster773.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.
13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Matt Weidman	Signature Matt Weidman	Title Business Agent / Organizer	Date 02/20/2020 15:07:43
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
04-RC-256701	2/20/20

Employees Included

All Full-Time and Regular Part-Time Medical Staff, Licensed Practical Nurses, Registered Nurses, Medical Assistants, and Mental Health Clinicians

Employees Excluded

All other employees including but not limited to managers, supervisors and guards as defined by the act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


04-RC-256774

Date Filed

2/21/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Matrix NAC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 189 Main Street Harleysville, PA 19438	
3a. Employer Representative - Name and Title: Bob Hoover VP Labor Relations		3b. Address (if same as 2b - state same): same	
3c. Tel. No.	3d. Cell No. 724-416-6800	3e. Fax No.	3f. E-Mail Address bob.hoover@matrixnac.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Utility Contractor		4b. Principal Product or Service Utility Construction	
5a. City and State where unit is located: Harleysville, PA		5b. Description of Unit involved: Included: See attached sheet Excluded: See attached sheet	
6a. Number of Employees in Unit: 4		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2/21/2020 and Employer declined recognition on or about (Date) 2/21/2020 (If no reply received, so state). no reply <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
9a. Affiliation, if any:		9b. Date of Recognition or Certification	
9c. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		9d. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)	
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above, (if none, so state) none			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 03/09/2020		11c. Election Time(s): 05:30-07:00	
11d. Election Location(s): Conference room, Harleysville location			
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers, Local Union 126		12b. Address (street and number, city, State and ZIP code): 3455 Germantown Pike Collegeville, PA 19426	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers, AFL-CIO			
12d. Tel. No. 610-489-1185	12e. Cell No. 484-895-8876	12f. Fax No.	12g. E-Mail Address msimmonds@ibewlu126.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Michael Simmonds, Organizer		13b. Address (street and number, city, State and ZIP code): 3455 Germantown Pike Collegeville, PA 19426	
13c. Tel. No. 610-489-1185	13d. Cell No. 484-895-8876	13e. Fax No.	13f. E-Mail Address msimmonds@ibewlu126.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Michael Simmonds	Signature 	Title Organizer	Date 02/21/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to involve its processes.

Matrix NAC / IBEW Local 126

RC Petition Supplemental Information

5b. Description of the unit involved:

Included in the unit: All full time and regular part time warehouse employees tasked with material handling and stocking trucks at the Harleysville PA location

Excluded from the unit: All office clerical employees, guards, professional employees and supervisors as defined by the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-257107

Date Filed

2/28/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Crozer-Chester Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1 Medical Center Blvd, Upland, PA 19013	
3a. Employer Representative - Name and Title Elizabeth Bilotta, Chief Human Resource Officer, Crozer-Keystone Medical System		3b. Address (If same as 2b - state same) 190 W. Sproul Rd. Springfield PA 19064	
3c. Tel. No. 610-338-8241	3d. Cell No. 215-284-8372	3e. Fax No. 610-338-8290	3f. E-Mail Address elizabeth.bilotta@crozer.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Healthcare	
5a. City and State where unit is located: Upland, PA		6a. No. of Employees in Unit: 82	
5b. Description of Unit Involved Included: See attached Excluded: See attached		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 2/28/20 and Employer declined recognition on or about 2/28/20 (Date) (If no reply received, so state). no reply
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). none		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 3/27/20	11c. Election Time(s): 6-9 am, 12-2 pm, 6-9 pm	11d. Election Location(s): Northeast Conference Room #2
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12a. Full Name of Petitioner (including local name and number) Crozer Professionals Union - PASNAP	12b. Address (street and number, city, state, and ZIP code) 1 Fayette St, Suite 475 Conshohocken, PA 19438
--	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
none


12d. Tel No. 610-567-2907	12e. Cell No. 267-279-4160	12f. Fax No. 610-567-2915	12g. E-Mail Address max@pasnap.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Max Lyons, Lead Organizer	13b. Address (street and number, city, state, and ZIP code) 1 Medical Center Blvd, Upland, PA 19013
---	---

13c. Tel No. 610-567-2907	13d. Cell No. 267-279-4160	13e. Fax No. 610-567-2915	13f. E-Mail Address max@pasnap.com
-------------------------------------	--------------------------------------	-------------------------------------	--

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Max Lyons	Signature 	Title Lead Organizer	Date 2/28/20
----------------------------------	--	--------------------------------	------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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5b.

Included:

Unit A: All full-time, part-time, and per diem Registered Dietitians, Occupational Therapists, Physical Therapists, Speech Therapists, Social Workers and Social Work Techs

Unit B: All full-time, part-time, and per diem Certified Occupational Therapy Assistants, Physical Therapy Assistants, Physical Therapy Aides, and Recreational Therapists.

Excluded:

All other employees, and skilled maintenance, guards, confidential employees, and supervisors as defined by the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

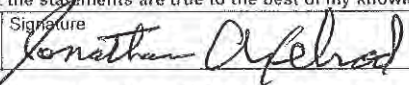
DO NOT WRITE IN THIS SPACE

Case No. 5-RC-255737

Date Filed 2/4/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: VIA Transportation, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1179 Lance Road Norfolk, VA 23502	
3a. Employer Representative - Name and Title: Alex Lavoie		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 860-836-1738	3d. Cell No.	3e. Fax No.	3f. E-Mail Address alex@ridewithvia.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) transportation		4b. Principal Product or Service paratransit services	
5a. City and State where unit is located: Hampton Roads, Virginia		5b. Description of Unit Involved: Included: All full-time and regular part-time drivers employed by the Employer Excluded: all other employees, guards and supervisors as defined in the Act.	
6a. Number of Employees in Unit: 135		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 1/29/2020 and Employer declined recognition on or about (Date) 1/29/2020 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) none			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: _____ 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): February 28, 2020		11c. Election Time(s):	
11d. Election Location(s): break room			
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 822		12b. Address (street and number, city, State and ZIP code): 5718 Barte Street Norfolk, VA 23502	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 757-461-7172	12e. Cell No. 757-821-1121	12f. Fax No. 757-459-2570	12g. E-Mail Address teamsters822@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jonathan Axelrod		13b. Address (street and number, city, State and ZIP code): 1717 K Street N.W. Suite 1120 Washington, D.C. 20006	
13c. Tel. No. 202-328-7222	13d. Cell No. 202-365-1610	13e. Fax No. 202-328-7030	13f. E-Mail Address jaxelrod@beinsaxelrod.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Jonathan Axelrod		Signature 	Title attorney
		Date 2/3/2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

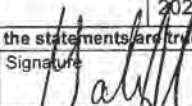
5-RC-255773

Date Filed

2/5/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: American Security Programs		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1881 Campus Commons Drive, Suite 105, Reston, VA 20191	
3a. Employer Representative - Name and Title: Rick Pohland, President		3b. Address (if same as 2b - state same): SAME	
3c. Tel. No. 703.834.8900	3d. Cell No.	3e. Fax No. 703.834.8947	3f. E-Mail Address rpohland@securamericalc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Security		4b. Principal Product or Service Security Services	5a. City and State where unit is located: Washington, DC
5b. Description of Unit Involved: Included: All regular F/T & P/T Sgts., Lts., and Capts., providing supervisory duties as defined in Section 9(b)(3) of the Act. Excluded: All Security Officers, office clerical employees, and managerial employees, as defined by the Act.			6a. Number of Employees in Unit: 30 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state): NONE		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Manual election at a American Security Programs site.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 16, 2020	11c. Election Time(s): 10:00AM - 12:00PM and 4:00PM - 6:00PM	11d. Election Location(s): FEMA	
12a. Full Name of Petitioner (including local name and number): National Association of Special Police and Security Officers		12b. Address (street and number, city, State and ZIP code): 10 G Street, NE, Suite 600, Washington, DC 20002	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): National Association of Special Police and Security Officers			
12d. Tel. No.	12e. Cell No. 202.487.3438	12f. Fax No. 202.758.3262	12g. E-Mail Address Frasergaby1@aol.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Gaby L. Fraser		13b. Address (street and number, city, State and ZIP code): 10 G Street, NE, Suite 600, Washington, DC 20002	
13c. Tel. No.	13d. Cell No. 202.487.3438	13e. Fax No. 202.758.3262	13f. E-Mail Address Frasergaby1@aol.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Gaby L. Fraser	Signature 	Title Director, Labor Relations	Date 2-4-2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION


DO NOT WRITE IN THIS SPACE

Case No. 5-RC-256098

Date Filed
2/11/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: VIA Transportation, Inc. [see next page for joint employer]		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1179 Lance Road Norfolk, VA 23502	
3a. Employer Representative - Name and Title: Alex Lavoie		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 860-836-1738	3d. Cell No.	3e. Fax No.	3f. E-Mail Address alex@ridewithvia.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) transportation		4b. Principal Product or Service paratransit services	5a. City and State where unit is located: Hampton Roads, Virginia
5b. Description of Unit Involved: Included: All full-time and regular part-time drivers employed by the Employer Excluded: all other employees, guards and supervisors as defined in the Act.			6a. Number of Employees in Unit: 135
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 1/29/2020 and Employer declined recognition on or about (Date) 1/29/2020 (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none		8b. Address.	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> NO If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 20, 2020		11c. Election Time(s):	11d. Election Location(s): break room
12a. Full name of Petitioner (including local name and number): Teamsters Local Union No. 822		12b. Address (street and number, city, State and ZIP code): 5718 Barteo Street Norfolk, VA 23502	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 757-461-7172	12e. Cell No. 757-821-1121	12f. Fax No. 757-459-2570	12g. E-Mail Address teamsters822@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jonathan Axelrod		13b. Address (street and number, city, State and ZIP code): 1717 K Street N.W. Suite 1120 Washington, D.C. 20006	
13c. Tel. No. 202-328-7222	13d. Cell No. 202-365-1610	13e. Fax No. 202-328-7030	13f. E-Mail Address jaxelrod@beinsaxelrod.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Jonathan Axelrod		Signature 	Title attorney
		Date 2/11/2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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SECOND PAGE OF PETITION

2a. Name of Joint Employer
HA Transportation Services, LLC

2b. Address of Joint Employer
135 W. 29th Street Suite 500
New York, NY 10001

3a. Employer Representative
Chris Forbes, CEO

3.b Address
same

3c Telephone Number
888-458-7530

3d. Cell Number

3e. Fax number

3f. Email Address

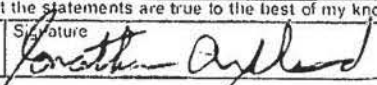
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
FIRST AMENDED
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
05-RC-256098Date Filed
2/24/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: River North Transit LLC [see next page or joint employer]		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code) 509 E. 18th Street, Norfolk, VA 23504	
3a. Employer Representative - Name and Title: Alex Lavoie		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 860-836-1738	3d. Cell No.	3e. Fax No.	3f. E-Mail Address alex@ridewithvia.com
4a. Type of Establishment: (Factory, mine, wholesaler, etc.) Transportation		4b. Principal Product or Service Paratransit Services	
5a. City and State where unit is located Hampton Roads, Virginia		5b. Number of Employees in Unit: 135	
5c. Description of Unit Involved: Included: All full-time and regular part-time drivers employed by the Employer Excluded: all other employees, guards and supervisors as defined in the Act		6a. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 01/29/20 and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above (If none, so state) none			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): March 20, 2020		11c. Election Time(s): break room	
11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 822		12b. Address (street and number, city, State and ZIP code): 5718 Barteet Street Norfolk, VA 23502	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 757-461-7172	12e. Cell No. 757-821-1121	12f. Fax No. 757-4595-2570	12g. E-Mail Address teamsters822@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jonathan Axelrod		13b. Address (street and number, city, State and ZIP code): 1717 K Street N.W. Suite 1120 Washington, D.C. 20006	
13c. Tel. No. 202-328-7222	13d. Cell No. 202-365-1610	13e. Fax No. 202-328-7030	13f. E-Mail Address jaxelrod@beinsaxelrod.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Jonathan Axelrod		Signature 	
Title attorney		Date 2/24/20	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

SECOND PAGE OF PETITION

2a. Name of Joint Employer
HA Transportation Services, LLC

2b. Address of Joint Employer
135 W. 29th Street Suite 500
New York, NY 10001

3a. Employer Representative
Chris Forbes, CEO

3.b Address
same


3c Telephone Number
888-458-7530

3d. Cell Number

3e. Fax number

3f. Email Address

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer: American Security Programs DBA Securamerica LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1818 H Street NW Washington DC	
3a. Employer Representative - Name and Title: Mark Phinney VP		3b. Address (if same as 2b - state same): 1881 Campus Connections Dr 105 Reston Va. 20191	
3c. Tel. No. 703 834-8900	3d. Cell No. 703 898-1723	3e. Fax No. 703 834-8947	3f. E-Mail Address mphinney@securamericallc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Government Office facility		4b. Principal Product or Service Security Services	5a. City and State where unit is located: Washington DC
5b. Description of Unit Involved: Included: All regular part time and full time security personnel engaged by the Employer to provide Security in all f Excluded: All clerical, confidential, managerial and Supervisory personnel as defined in the NLRA.			6a. Number of Employees in Unit: 130 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) Service Employees International Local 32BJ		8b. Address: 1025 Vermont AVE Washington DC 20005	
8c. Tel. No. 202 387-3211	8d. Cell No. 212 388-3381	8e. Fax No. 202 939-0574	8f. E-Mail Address EAsad@seiu32bj.org
8g. Affiliation, if any: SEIU		8h. Date of Recognition or Certification unk	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE			
10a. Name None		10b. Address None	10c. Tel. No. n/a 10e. Fax No. n/a
			10d. Cell No. n/a 10f. E-Mail Address n/a
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Mail Ballot, five separate secure locations makes campaigning impossible			11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): Mail		11c. Election Time(s): Mail	11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): National Leagues of Justice and Security Professionals		12b. Address (street and number, city, State and ZIP code): 305 Mt Zion Rd Dillsburg Pa 17019	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): National League of Justice and Security Professionals (NLJSP)			
12d. Tel. No.	12e. Cell No. 503 544-3257	12f. Fax No.	12g. E-Mail Address President@nljsp.us
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Ronald A. Mikell		13b. Address (street and number, city, State and ZIP code): 305 Mt Zion Rd Dillsburg Pa 17019	
13c. Tel. No.	13d. Cell No. 503 5444-3257	13e. Fax No.	13f. E-Mail Address President@nljsp.us
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Ronald A. Mikell		Signature 	Title President Date 02/13/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-256369

Date Filed

2/14/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Sunbelt Rentals		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4417 Valley St, Enola, PA 17925-1444	
3a. Employer Representative - Name and Title Michael Wichrowski - manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 717-216-2900	3d. Cell No.	3e. Fax No. 717-216-2901	3f. E-Mail Address pcm189@sunbeltrentals.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Equipment Rental Shop		4b. Principal product or service Equipment Rental	
5b. Description of Unit Involved Included: mechanics, lead mechanics, road mechanics, drivers, yard persons Excluded: All other employees		5a. City and State where unit is located: Enola, PA	
		6a. No. of Employees in Unit: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) n/a and Employer declined recognition on or about (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating?
(Name of labor organization) , has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): March 2, 2020	11c. Election Time(s): 6:00 am to 9:00am	11d. Election Location(s): Employer's Facility
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12a. Full Name of Petitioner (including local name and number)
Brett Toomey International Union of Operating Engineers, Local 542

12b. Address (street and number, city, state, and ZIP code)
1375 Virginia Drive Ste 100, Ft. Washington PA 19034

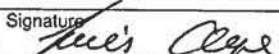
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers Local 542; AFL-CIO

12d. Tel No. 215-542-7500	12e. Cell No. 215-206-9054	12f. Fax No. 215-591-0978	12g. E-Mail Address brett.toomey@iuoe542.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Louis Agre		13b. Address (street and number, city, state, and ZIP code) 1375 Virginia Drive Ste 100 Ft. Washington, PA 19034	
13c. Tel No. 215-542-7500	13d. Cell No. 215-852-6548	13e. Fax No. 215-591-0978	13f. E-Mail Address lou.agre@iuoe542.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Louis Agre	Signature 	Title Counsel	Date 2/13/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

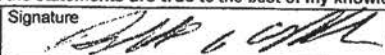
5-RC-256696

Date Filed

2/21/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: American Security Programs		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1818 H Street NW Washington DC and all World Bank sites in Washington DC	
3a. Employer Representative - Name and Title: Mark Phinney VP		3b. Address (if same as 2b - state same): 1881 Campus Connections Dr STE 105 Reston Va 20191	
3c. Tel. No. (703) 834-8900	3d. Cell No. (703) 898-1723	3e. Fax No. (703) 834-89473	3f. E-Mail Address mphinney@securamericalc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Govt Office facility		4b. Principal Product or Service Security Services	5a. City and State where unit is located: Washington DC
5b. Description of Unit Involved: Included: All regular part-time and full time security employees at the World Ban in Washington DCK Excluded: All confidential, clerical,, managerial and Supervisors as defined in the National Labor Relations Act			6a. Number of Employees in Unit: 170 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) Service Employees International Local 32BJ		8b. Address: 1025 Vermont Ave Washington DC 20005	
8c. Tel. No. (202) 387-3211	8d. Cell No. (212) 388-3381	8e. Fax No. (202) 939-0574	8f. E-Mail Address EAsad@seiu32bj.org
8g. Affiliation, if any: SEIU		8h. Date of Recognition or Certification Unknown	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) UNK
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____ No <input type="checkbox"/>			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name SPFPA	10b. Address 25510 Kelly Rd. Roseville MI. 48066-4932	10c. Tel. No. (586)772-7250	10d. Cell No. (586) 872-5634
		10e. Fax No. (586)772-9644	10f. E-Mail Address Dwayne@spfpa.org
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Mail <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Mail	11c. Election Time(s): Mail	11d. Election Location(s): Mail	
12a. Full Name of Petitioner (including local name and number): National League of Justice and Security Professionals		12b. Address (street and number, city, State and ZIP code): 305 Mt Zion Rd. Dillsburg Pa 17019	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): National League of Justice and Security Professionals			
12d. Tel. No.	12e. Cell No. (503) 544-3257	12f. Fax No.	12g. E-Mail Address President@nljps.us
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Ronald A. Mikell		13b. Address (street and number, city, State and ZIP code): 305 Mt Zion Rd Dillsburg Pa. 17019	
13c. Tel. No.	13d. Cell No. (503) 544-3257	13e. Fax No.	13f. E-Mail Address President@nljps.us
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Ronald A. Mikell	Signature 	Title President	Date 02/21/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

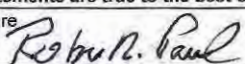
5-RC-256975

Date Filed

2/26/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Indivisible Project		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1730 Rhode Island Avenue NW, Suite 912, Washington, DC 20036	
3a. Employer Representative - Name and Title: Leah Greenberg - Co-Executive Director Ezra Levin - Co-Executive Director		3b. Address (if same as 2b - state same): (same)	
3c. Tel. No. 301-778-8533	3d. Cell No. 301-938-9761 Leah	3e. Fax No.	3f. E-Mail Address leah@indivisible.org ezra@indivisible.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) non-profit		4b. Principal Product or Service advocacy	
5b. Description of Unit Involved: Included: [see attached] Excluded: [see attached]		5a. City and State where unit is located: Washington, DC and nationwide 6a. Number of Employees in Unit: 58 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2/26/20 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 18, 2020	11c. Election Time(s): 11am-1pm	11d. Election Location(s): nationwide and DC office	
12a. Full Name of Petitioner (including local name and number): Washington-Baltimore Newspaper Guild, Local 32035		12b. Address (street and number, city, State and ZIP code): 1225 Eye Street NW, Suite 300, Washington, DC 20005	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): The News Guild - affiliated with Communications Workers of America, AFL-CIO, CLC			
12d. Tel. No. 202-785-3650 x 15	12e. Cell No. 703-627-4547	12f. Fax No. 202-785-3659	12g. E-Mail Address bjett@wbng.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Robert E. Paul, Attorney		13b. Address (street and number, city, State and ZIP code): 1025 Connecticut Avenue NW, Suite 1000, Washington, DC 20036	
13c. Tel. No. 202-857-5000	13d. Cell No.	13e. Fax No. 202-327-5499	13f. E-Mail Address rpaul@robertepaul.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Robert E. Paul	Signature 	Title Attorney	Date 2/26/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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INDIVISIBLE.ORG RC PETITION

Description of Unit Involved:

Included: All full- and part-time employees, including Associate Directors, Senior Managers, Managers, Senior Associates, Associates, Organizers, Press Manager, National Press Secretary, and Executive Assistants

Excluded: All human resources staff, legal staff, staff at the Director level or above, supervisors, managers, confidential employees and guards as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

05-RD-255841

Date Filed

2/6/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer American Security Programs, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1881 Campus Commons Drive, Suite 10	
3a. Employer Representative - Name and Title Mark Phinnery, Operations Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 703-834-8900	3d. Fax No. 703-898-1723	3e. Cell No.	3f. E-Mail Address mphinnery@securamericalc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security		4b. Principal product or service Security	
5a. Description of Unit Involved Included: All full-time and regular part-time special police and security officers performing duties at 1818 H St, NW Excluded: All office clerical employees, professional employees, and supervisors as defined in the NLRA			5b. City and State where unit is located: Washington, DC
6. No. of Employees in Unit 130	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Service Employees International Union, Local 32BJ		8b. Affiliation, if any	
8c. Address 1025 Vermont Ave, NW, 7th Floor Washington, DC 20005		8d. Tel. No. 202-387-3211	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address
9. Date of Recognition or Certification Unknown		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) April 15, 2020	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) February 19, 2020	13c. Election Time(s) 7:00 a.m. and 3:00 p.m.	13d. Election Location(s) 1818 H Street, NW, Washington, DC 20433	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 2-4-2020
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PUNISHMENT AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

5-RD-256501

Date Filed

2/19/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer MIDWEST ATC SERVICES, INC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7300 W 129TH ST KS OVERLAND PARK 66213-	
3a. Employer Representative - Name and Title DEANNA DRESEL EXECUTIVE VICE PRESIDENT		3b. Address (If same as 2b - state same) 7300 W 129TH ST. KS OVERLAND PARK 66213-	
3c. Tel. No. (913) 787-2339	3d. Cell No.	3e. Fax No. (913) 897-9300	3f. E-Mail Address DEANNA.DRESEL@ATT.NET
4a. Type of Establishment (Factory, mine, wholesaler, etc) Services		4b. Principal product or service AIR TRAFFIC CONTROL	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Hagerstown, MD	
		6a. No. of Employees in Unit: 3	
		6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent PROFESSIONAL AIR TRAFFIC CONTROLLERS ORGANIZATION (PATCO), FPD, NUH		8b. Address 1310 CROSS CREEK CIRCLE SUITE C2 FL TALLAHASSEE 32301-	
8c. Tel No. (770) 356-7684	8d. Cell No. (b) (6), (b) (7)(C)	8e. Fax No. (850) 942-6722	8f. E-Mail Address (b) (6), (b) (7)(C)
8g. Affiliation, if any PATCO/AFSCME		8h. Date of Recognition or Certification 02/17/2015	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 02/17/2018	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ____ If so, approximately how many employees are participating? ____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail
11b. Election Date(s): 02/21/2020 **11c. Election Time(s):** 2:45 PM
11d. Election Location(s): HAGERSTOWN REGIONAL AIRPORT

12a. Full Name of Petitioner: (b) (6), (b) (7)(C)
Hagerstown Regional Airport (b) (6), (b) (7)(C)
12b. Address (street and number, city, state, and ZIP code)
(b) (6), (b) (7)(C)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Professional Air Traffic Controllers Organization (PATCO), FPD, NUHCE, AFSCME, AFL-CIO

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 02/18/2020 11:55:09
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included

3

Employees Excluded

0

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No.

5-RD-256888

Date Filed

2/25/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Mountaire Farms Inc

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
55 Hosier Street, Selbyville, Delaware 19975

3a. Employer Representative - Name and Title
Kevin Braunskill HR Manager

3b. Address (If same as 2b - state name)
55 Hosier Street, Selbyville, Delaware 19975

3c. Tel. No.
302-988-6320

3d. Fax No.

3e. Cell No.
302-381-0962

3f. E-Mail Address
kbraunskill@mountaire.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Poultry plant

4b. Principal product or service
chicken

5a. Description of Unit involved
Included:
1st Processing, 2nd Processing and Tray Pack.

5b. City and State where unit is located:
Selbyville, Delaware

Excluded:
Transportation, Live Haul Drivers, Shipping, Coolers, Maintenance, HR, Box room, QA, Paws, Giblets.

6. No. of Employees in Unit 800

7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent
UFCW Local 27

8b. Affiliation, if any

8c. Address
21 West Road, 2nd Floor
Towson, MD 21204

8d. Tel. No.
800-882-0118

8e. Cell No.
(b) (6), (b) (7)(C)

8f. Fax No.

8g. E-Mail Address

9. Date of Recognition or Certification

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
12/21/2023

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No

11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name)
(Insert Address)

a labor organization, of
since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name

12b. Address

12c. Tel. No.

12d. Fax No.

12e. Cell No.

12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: ☐ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)

13c. Election Time(s)

13d. Election Location(s)

14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)
(b) (6), (b) (7)(C)

14b. Tel. No.

14c. Fax No.

14d. Cell No.
(b) (6), (b) (7)(C)

14e. E-Mail Address

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name
(b) (6), (b) (7)(C)

15b. Title

15c. Address (Street and number, city, state, ZIP code)
(b) (6), (b) (7)(C)

15d. Tel. No.
(b) (6), (b) (7)(C)

15e. Fax No.

15f. Cell No.
(b) (6), (b) (7)(C)

15g. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
(b) (6), (b) (7)(C)

Signature
(b) (6), (b) (7)(C)

Title
(b) (6), (b) (7)(C)

Date Filed
02/20/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-256150

Date Filed

2-11-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Morgan Properties Cascade Townhomes		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 100 East West Drive Pittsburgh, Pa 15237	
3a. Employer Representative - Name and Title: Michael Kinney Service Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 717-953-1847	3d. Cell No. same	3e. Fax No.	3f. E-Mail Address michaelkinney@morepropertymgmt.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Property Skilled Maint.		4b. Principal Product or Service Property Maint	
5b. Description of Unit Involved: Included: All fulltime & regular parttime skilled Maint employees at GovernorsRidge / Cascade Excluded: Managers, Supervisors and all other as defined by the act, and all other employees		5a. City and State where unit is located: Pittsburgh, Pa 6a. Number of Employees in Unit: Three (3) 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) NONE		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): ASAP		11c. Election Time(s): Daylight hours	
11d. Election Location(s): At employers location			
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 95		12b. Address (street and number, city, State and ZIP code): 300 Saline Street Pgh, Pa 15207	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of operating Engineers			
12d. Tel. No. 412-422-4702 X102	12e. Cell No. 412-980-9134	12f. Fax No. 412-422-4721	12g. E-Mail Address jgaffney@iuoelocal95.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Richard Gilardi Esq		13b. Address (street and number, city, State and ZIP code): Benedum Trees Building 223 Fourth ave Pgh Pa 15222	
13c. Tel. No. 412-391-9770	13d. Cell No.	13e. Fax No. 412-391-9780	13f. E-Mail Address rpgilardi@lawgol.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) RICHARD P. GILARDI	Signature Richard P. Gilardi	Title COUNSEL FOR UNION	Date 2/11/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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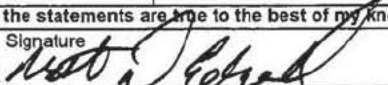
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RC-256431Date Filed
2-14-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: The Watson Institute		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 301 Camp Meeting Road Sewickley, PA 15143	
3a. Employer Representative - Name and Title: Barry W. Bohn, CEO		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 412 741 800	3d. Cell No.	3e. Fax No.	3f. E-Mail Address barryb@thewatsoninstitute.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Private School		4b. Principal Product or Service Education	
5a. City and State where unit is located: Sewickley, PA		5b. Description of Unit Involved: Included: See attached Excluded: See attached	
6a. Number of Employees in Unit: 120		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): The Watson Institute Education Association PSEA/NEA		12b. Address (street and number, city, State and ZIP code): 10 South 19th Street Pittsburgh, PA 15203	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Pennsylvania State Education Association/National Education Association			
12d. Tel. No. 412 381 2400	12e. Cell No.	12f. Fax No. 412 432 2034	12g. E-Mail Address medgell@psea.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Matt Edgell, Region Advocacy Coordinator		13b. Address (street and number, city, State and ZIP code): 10 South 19th Street Pittsburgh PA 15203	
13c. Tel. No.	13d. Cell No. 9063619333	13e. Fax No.	13f. E-Mail Address medgell@psea.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Matt Edgell	Signature 	Title Region Advocacy Coordinator	Date 2/14/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Petition RC Question 5b. Description of Unit Involved

Included – All full time and regular part time instructional employees, including but not limited to, teachers, counselors, aides, teaching assistants, behavior assistants, nurses, therapists, speech and language pathologists, community specialists and behavioral specialists

Excluded – supervisors, first level supervisors, guards and management employees as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RD-255829

Date Filed

2/6/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer ABC Transit, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 201 Hahn Road, Pittsburgh, PA 15209	
3a. Employer Representative - Name and Title Sandy Smith, Terminal Manager		3b. Address (If same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (412)4775057	3d. Cell No. (412)821-4000	3e. Fax No.	3f. E-Mail Address info@abctransit.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Bus Garage	4b. Principal product or service School Bus Transportation		5a. City and State where unit is located Pittsburgh, PA
5b. Description of Unit Involved Included: All full-time and part-time drivers, monitors and aides employed by the Employer at its 201 Hahn Road, Pittsburgh, Pennsylvania, facility; Excluded: all office clerical employees, guards, professional employees and supervisors as defined in the Act.			6a. No. of Employees in Unit: 55 6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent General Teamsters, Chauffeurs and Helpers Local Union 249 a/w International Brotherhood of Teamsters		8b. Address 4701 Butler Street, Pittsburgh, PA 15201	
8c. Tel. No. (412)682-3700	8d. Cell No.	8e. Fax No. (412)682-3732	8f. E-Mail Address
8g. Affiliation, if any International Brotherhood of Teamsters		8h. Date of Recognition or Certification February 1, 2019	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☒ No. If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11b. Election Date(s):		11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail 11d. Election Location(s): Driver's Room	
11c. Election Time(s): 8:30 am to 10:30 am; 1:00 pm to 1:30 pm; and 3:30 pm to 5:30 pm			

12a. Full Name of Petitioner (b) (6), (b) (7)(C)		12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) NONE			
12d. Tel. No.	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE	
13c. Tel. No. SAME AS ABOVE	13d. Cell No. SAME AS ABOVE	13e. Fax No. SAME AS ABOVE	13f. E-Mail Address SAME AS ABOVE

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Title an Individual	Date 2/4/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-256084

Or

February 10, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Mercy Health Partners Hackley Campus

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)
1700 Clinton St. Muskegon MI 49442

3a. Employer Representative - Name and Title
Robin Belcourt, Labor Relations Director

3b. Address (if same as 2b - state same)
same

3c. Tel. No.
231-672-3718

3d. Cell No.

3e. Fax No.
231-672-6971

3f. E-Mail Address
robin.belcourt@mercyhealth.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Hospital

4b. Principal product or service
Health care

5a. City and State where unit is located
Muskegon

5b. Description of Unit Involved

Included: all full-time and regular part-time Emergency Department Technicians employed by the Employer at its Hackley campus

Excluded: guards and supervisors as defined by the Act and all other employees

6a. No. of Employees in Unit

15

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ **7a. Request for recognition as Bargaining Representative was made on (Date)** n/a **and Employer declined recognition on or about (Date) (if no reply received, so state).**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).
None - IAM decertified in 2014 07-RD-141493

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no **If so, approximately how many employees are participating?** **(Name of labor organization)** has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

Michigan Union of Healthcare Workers (MUHW)

3100 Giles Rd., Muskegon MI 49445

231-343-1528

same

10e. Fax No.

10f. E-Mail Address
hazardshah@cloud.com

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

2-18-2020

11c. Election Time(s):

6A-10A; 2P-5P; 6P-8P

11d. Election Location(s):

1657 Getty St. Muskegon, MI 49442

12a. Full Name of Petitioner (including local name and number)

SEIU Healthcare Michigan

12b. Address (street and number, city, state, and ZIP code)

1657 S. Getty St., Muskegon MI 49442

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

Service Employees International Union

12d. Tel. No.

same as above 313-303-9221

12e. Cell No.

313-303-9221

12f. Fax No.

12g. E-Mail Address Paul.Haag@seiu.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Paul Haag

13b. Address (street and number, city, state, and ZIP code)
same as above

13c. Tel. No.

same as above

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Paul Haag

Signature

Paul Haag

Title

Regional Coordinator

Date

2-11-2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

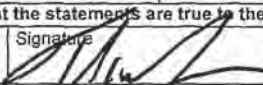
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
07-RC-256270Date Filed
2/13/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: West Michigan Auto Auction		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4758 Division St. Wayland MI 49348	
3a. Employer Representative - Name and Title: Carl Musjian- General Manager		3b. Address (if same as 2b - state same): SAME	
3c. Tel. No. 616-877-2020	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Automobile Transport		4b. Principal Product or Service Delivery	5a. City and State where unit is located: Wayland MI
5b. Description of Unit Involved: Included: Tractor Trailer Drivers (delivering multiple vehicles), Rollback Driver Excluded:			6a. Number of Employees in Unit: 11 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 02/13/20 and Employer declined recognition on or about (Date) 02/13/20 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) International Brotherhood of Teamsters Local 406		8b. Address: 3315 Eastern Ave. S.E. Grand Rapids MI 49508	
8c. Tel. No. 616-452-1551	8d. Cell No. 616-204-6410	8e. Fax No. 616-452-6364	8f. E-Mail Address tom@teamsters406.org
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): T.B.D.	11c. Election Time(s): T.B.D.	11d. Election Location(s): 4758 Division St. Wayland MI 49348	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 406		12b. Address (street and number, city, State and ZIP code): 3315 Eastern Ave S.E. Grand Rapids MI 49508	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters Local 406			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Thomas Sidebotham-Business Agent		13b. Address (street and number, city, State and ZIP code): 3315 Eastern Ave. S.E. Grand Rapids MI 49508	
13c. Tel. No. 616-452-1551	13d. Cell No. 616-204-6410	13e. Fax No. 616-452-6364	13f. E-Mail Address tom@teamsters406.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Thomas Sidebotham	Signature 	Title Business Agent	Date 02/12/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-256592

Date Filed

2-18-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Henry Ford Macomb Hospital - Mt Clemens

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

215 North Ave.
MI Mt Clemens 48043-

3a. Employer Representative - Name and Title

Dan Kilbourne

3b. Address (If same as 2b - state same)

15855 Nineteen Mile Rd.
MI Clinton Township 48038-

3c. Tel. No.

(586) 263-2720

3d. Cell No.

(810) 488-1777

3e. Fax No.

(586) 263-2803

3f. E-Mail Address

dkilbou1@hfh.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Healthcare

4b. Principal product or service

Behavioral Health

5a. City and State where unit is located:

Mount Clemens, MI

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

75

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Thursday March 5th 2020 and Friday March 6th

11c. Election Time(s):
6:00am - 8:30am and 2:00pm - 4:30pm both days

11d. Election Location(s):
Henry Ford Macomb - Mt Clemens

12a. Full Name of Petitioner (including local name and number)

Jimmy Alan Marsh
Jimmy A. Marsh Vice President UAW Local 9699

12b. Address (street and number, city, state, and ZIP code)

6038 E. Marlette Rd.
MI Marlette 48453-0355

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Automobile, Aerospace and Agricultural Workers of America (UAW)

12d. Tel No.

(989) 635-3509

12e. Cell No.

(810) 252-6754

12f. Fax No.

(989) 635-5577

12g. E-Mail Address

jimmymarshuawlocal9699@gmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Jimmy Alan Marsh

Signature

Mr. Jimmy Alan Marsh

Title

Vice President UAW Local 9699

Date

02/18/2020 12:47:12

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
07-RC-256592	2-18-2020

Employees Included

All Full Time, Part Time and Contingent Registered Nurse, Licensed Practical Nurses, Mental Health Technicians and Health Unit Clerks

Employees Excluded

Occupational Therapist, Activity Therapist, Social Workers, Utilization Review, Discharge Planners, Managers, Supervisors, Security Guards as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 07-RC-257046 Date Filed Feb 25, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/e-file, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: PACE Southeast Michigan		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 24463 W 10 mile rd Southfield, MI 48033	
3a. Employer Representative - Name and Title: Raymond Pope HR		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 248-556-9324	3d. Cell No. 248-320-6279	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Healthcare facility		4b. Principal Product or Service Preventive Healthcare	5a. City and State where unit is located: Southfield Michigan
5b. Description of Unit Involved: Included: All CNA's / PCA's and Dietary employee's Excluded: Ann & MI office personnel, Supervisors, Dispatchers, Guards, RN's & LPN's		6a. Number of Employees in Unit: 115	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2-24-20 on or about (Date) 2-24-20 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 3-20-20		11c. Election Time(s): 5am - 7am	11d. Election Location(s): In a Secluded area
12a. Full Name of Petitioner (including local name and number): Teamsters Local 337		12b. Address (street and number, city, State and ZIP code): 2801 Trumbull ave Det, MI 48216	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters (IBT)			
12d. Tel. No. 313-828-4330	12e. Cell No. Same	12f. Fax No. 313-965-0570	12g. E-Mail Address Dave@teamsterslocal337.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Dave Hughes - Organizer		13b. Address (street and number, city, State and ZIP code): Same	
13c. Tel. No. Same	13d. Cell No. Same	13e. Fax No. Same	13f. E-Mail Address Same
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Davied Hughes	Signature 	Title Organizer	Date 2-25-20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

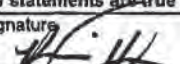
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
07-RC-257047Date Filed
Feb 25, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: PACE Southeast Michigan		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 24463 W 10 mile rd Southfield, MI 48033	
3a. Employer Representative - Name and Title: Raymond Pope HR		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 248-556-4324	3d. Cell No. 248-320-6279	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare facility		4b. Principal Product or Service Preventive Healthcare	5a. City and State where unit is located: Southfield Michigan
5b. Description of Unit Involved: Included: All Driver's and Transportation employees Excluded: Any & all office personnel, Supervisors, Dispatchers, Guards as defined in act.		6a. Number of Employees in Unit: 65	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2-24-20 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 3-20-20		11c. Election Time(s): 5am - 7am	11d. Election Location(s): In a secluded area
12a. Full Name of Petitioner (including local name and number): Teamsters Local 337		12b. Address (street and number, city, State and ZIP code): 2801 Trumbull ave Det, MI 48216	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters (IBT)			
12d. Tel. No. 313-828-9330	12e. Cell No. Same	12f. Fax No. 313-965-0570	12g. E-Mail Address Dave@teamsterslocal337.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Dave Hughes - Organizer		13b. Address (street and number, city, State and ZIP code): Same	
13c. Tel. No. Same	13d. Cell No. Same	13e. Fax No. Same	13f. E-Mail Address Same
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) David Hughes		Signature 	Title Organizer
			Date 2-25-20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
07-RC-257057Date Filed
2/27/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Aramark Uniform Services
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4384 Commercial Ave, Portage, MI 49002

3a. Employer Representative - Name and Title: Lonnie Glenn
3b. Address (if same as 2b - state same): SAME

3c. Tel. No. 269-329-7995
3d. Cell No. 585-857-6552
3e. Fax No.
3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Uniform and garment service
4b. Principal Product or Service Provide and service Uniforms
5a. City and State where unit is located: Portage, MI

5b. Description of Unit Involved:
Included: Route Sales Representatives
Excluded: Managers, Supervisors, office clerical
6a. Number of Employees in Unit: 11
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 2/26/20 **and Employer declined recognition** on or about (Date) 2/26/20 (If no reply received, so state).
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) International Brotherhood of Teamsters Local 406
8b. Address: 3315 Eastern Ave. S.E. Grand Rapids MI 49508

8c. Tel. No. 616-452-1551
8d. Cell No. 616-204-6410
8e. Fax No. 616-452-6364
8f. E-Mail Address tom@teamsters406.org
8g. Affiliation, if any:
8h. Date of Recognition or Certification
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name
10b. Address
10c. Tel. No.
10d. Cell No.
10e. Fax No.
10f. E-Mail Address

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Any Friday
11c. Election Time(s): Approximately 3 p.m.
11d. Election Location(s): 4384 Commercial Ave. Portage MI 49002

12a. Full Name of Petitioner (including local name and number): T-58
International Brotherhood of Teamsters Local 406
12b. Address (street and number, city, State and ZIP code): 3315 Eastern Ave. S.E. Grand Rapids MI, 49508
General Teamsters Local Union No. 406

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters Local 406

12d. Tel. No.
12e. Cell No.
12f. Fax No.
12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Thomas Sidebotham-Business Agent
13b. Address (street and number, city, State and ZIP code): 3315 Eastern Ave. S.E. Grand Rapids MI 49508

13c. Tel. No. 616-452-1551
13d. Cell No. 616-204-6410
13e. Fax No. 616-452-6364
13f. E-Mail Address tom@teamsters406.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Thomas Sidebotham
Signature
Title Business Agent
Date 2/26/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-257074

Date Filed

Feb 27, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
FAURECIA 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) **13000 OAKLAND PARK BLVD HIGHLAND PARK MI 48203**

3a. Employer Representative - Name and Title
JUSTIN JENKINS HR MANAGER 3b. Address (If same as 2b - state same)
SAME

3c. Tel. No.
(205) 650-9204 3d. Cell No. 3e. Fax No. 3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
FACTORY 4b. Principal product or service
SEATING (AUTOMOTIVE) 5a. City and State where unit is located:
HIGHLAND PARK MI

5b. Description of Unit Involved
Included: **ALL FULL TIME PRODUCTION, MAINTENANCE, SHIPPING, QUALITY CONTROL**
GAP LEADERS & MATERIALS
Excluded:
ALL OFFICE, CLERICAL, TECHNICAL, PARAPROFESSIONALS, WATCHMEN & SUPERVISORS 6a. No. of Employees in Unit:
16 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **02/25/2020** and Employer declined recognition on or about **NO-REPLY** (Date) (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address

8c. Tel No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address

8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name 10b. Address 10c. Tel. No. 10d. Cell No.
10e. Fax No. 10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): **ON A MONDAY, ASAP.** 11c. Election Time(s): 11d. Election Location(s): **13000 OAKLAND BLVD HIGHLAND PARK**

12a. Full Name of Petitioner (including local name and number)
U.A.W. LOCAL 155 12b. Address (street and number, city, state, and ZIP code)
7420 MURTHON AVE WARREN MI 48092

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
UNITED AUTOMOBILE, AEROSPACE AND AGRICULTURAL IMPLEMENT WORKERS OF AMERICA

12d. Tel No. **313-926-5000** 12e. Cell No. 12f. Fax No. 12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
WAYMON HALTY ORGANIZER LOCAL 155 13b. Address (street and number, city, state, and ZIP code)
7420 MURTHON AVE WARREN MI 48092

13c. Tel No. **586-264-5780** 13d. Cell No. **313-600-1977** 13e. Fax No. **586-264-6191** 13f. E-Mail Address
RAZZZ1271@GMAIL.COM

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) **WAYMON HALTY** Signature **[Signature]** Title **ORGANIZER** Date **2/25/2020**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-257156

Date Filed

Feb. 28, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Indiana Michigan Power		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) I cook Place MI bridgman 49108-	
3a. Employer Representative - Name and Title Thomas Dawson		3b. Address (If same as 2b - state same) po box 60 1 summit Square IN fort wayne 46801-	
3c. Tel. No. (260) 408-3544	3d. Cell No. (260) 341-2145	3e. Fax No. (260) 421-1434	3f. E-Mail Address thdawson@aep.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utilities		4b. Principal product or service electricity	
5a. City and State where unit is located: Bridgman, MI			5b. Description of Unit Involved
Included: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 37
Excluded: See Attached Page 2 for additional details			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): mar19 ?	11c. Election Time(s): 1500-1800	11d. Election Location(s): company premise
12a. Full Name of Petitioner (including local name and number) Bill Scally Bill Scally IBEW 1392		12b. Address (street and number, city, state, and ZIP code) 56436 Strasser Lane IN South Bend 46619-	

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of electrical workers

12d. Tel No. (574) 287-0636	12e. Cell No. (574) 532-1203	12f. Fax No. (574) 204-2314	12g. E-Mail Address ibew1392@aol.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Bill Scally	Signature Bill Scally	Title Business Manager	Date 02/27/2020 15:43:13
------------------------------------	---------------------------------	----------------------------------	------------------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full time and regular part time Performance Technician (SR, TECH and JR), Instrumentation and Control Technician (SR, TECH and JR) and Predictive Engineering Technician (SR, TECH and JR) working at the employers Bridgman facility. To be included into an already existing unit of all full time and regular part time Indiana Michigan Power company DC Cook Nuclear Plant Maintenance department hourly personnel at the companies DC Cook nuclear plant located in Bridgman MI. Including Maintenance Mechanics, Welders, Electrician, HVAC technicians and utility workers.

Employees Excluded

professional employees, managerial employees, , office Clerical employees, guards and supervisors as defined by the act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

07-RD-255897 Feb 4, 2020

INSTRUCTIONS: Unless a Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. This Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
BWB LLC / Builders Redi-Mix

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
30701 W. 10 Mile Rd Ste. 500 Farmington Hills, MI 48336

3a. Employer Representative - Name and Title
Stephanie Moriarty HR

3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
248-788-8000

3d. Fax No.
248-592-9130

3e. Cell No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Ready Mix

4b. Principal product or service
Concrete Production

5a. Description of Unit Involved
Included:
Builders Redi-Mix Drives, Plant Tech., and Mechanic
Excluded:

5b. City and State where unit is located:
Lansing, MI

6. No. of Employees in Unit 8

7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent
Teamster & Chauffeur Union 243 Local

8b. Affiliation, if any

8c. Address
5800 Executive Dr
Lansing, MI 48911

8d. Tel. No.
517-887-2944

8e. Cell No.

8f. Fax No.

8g. E-Mail Address

9. Date of Recognition or Certification
11-8-18

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No

11b. If so, approximately how many employees are participating?
a labor organization, of since (Month, Day, Year)

11c. The Employer has been picketed by or on behalf of (Insert Name)
(Insert Address)

12. Organizations or individuals other than those named in Items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5 above. (If none, so state)

12a. Name

12b. Address

12c. Tel. No.

12d. Fax No.

12e. Cell No.

12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)
12-2-18

13c. Election Time(s)
5:00 PM

13d. Election Location(s)
Builders Redi-Mix Lansing, MI

14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)
(b) (6), (b) (7)(C)

14b. Tel. No.

14c. Fax No.

14d. Cell No.
(b) (6), (b) (7)(C)

14e. E-Mail Address

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name

15b. Title

15c. Address (Street and number, city, state, ZIP code)

15d. Tel. No.

15e. Cell No.

15f. Fax No.

15g. E-Mail Address

I declare that I have read the above petition and (b) (6), (b) (7)(C) to the best of my knowledge and belief.

Name (Print)
(b) (6), (b) (7)(C)

Title
(b) (6), (b) (7)(C)

Date Filed
2-5-20

STATEMENTS

PRIVACY ACT STATEMENT

Collection of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 351 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RD-256867

Date Filed

2-25-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Alpha Baking company, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 24374 Crestview Ct. Farmington Hills, MI 48335	
3a. Employer Representative - Name and Title Gary Hibbert, Vice President H.R.		3b. Address (if same as 2b - state same) 5001 W. Polk St. Chicago, IL 60644	
3c. Tel. No. 773-261-6000	3d. Fax No.	3e. Cell No. 815-735-4900	3f. E-Mail Address ghibbert@alphabaking.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Bkery		4b. Principal product or service Breaqd	
5a. Description of Unit Involved Included: Wholesale Route Sales Excluded: Costco delivery routes			5b. City and State where unit is located: Farmington Hills, MI

6. No. of Employees in Unit 9 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent Teamsters local 337		8b. Affiliation, if any *	
8c. Address 2801 Trumbull Ave Detroit, MI 48216		8d. Tel. No. 313-965-9833	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address

9. Date of Recognition or Certification
10/15/2018

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No 11b. If so, approximately how many employees are participating?
a labor organization, of
since (Month, Day, Year)

11c. The Employer has been picketed by or on behalf of (Insert Name)
(Insert Address)

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: ☐ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)
2/27/2020

13c. Election Time(s)
12pm-4pm

13d. Election Location(s)
24734 Crestview Ct. Farmington Hills, MI 48335

14. Full Name of Petitioner

(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C)

14b. Tel. No.

14c. Fax No.

14d. Cell No.

(b) (6), (b) (7)(C)

14e. E-Mail Address

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name
(b) (6), (b) (7)(C)

15b. Title
(b) (6), (b) (7)(C)

15c. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C)

15d. Tel. No.

15e. Fax No.

15f. Cell No.

(b) (6), (b) (7)(C)

15g. E-Mail Address

I declare that I have read the above petition of my knowledge and belief.

Name (Print)
(b) (6), (b) (7)(C)

Title (b) (6), (b) (7)(C)

Date Filed

2-25-2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

08-RC-257004

Date Filed

2/26/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Morrow County Firefighter's & Squadmen's Association (MCFSA) d/b/a		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 140 South Main Street OH Mount Gilead 43338-	
3a. Employer Representative - Name and Title Jeffery Sparks		3b. Address (If same as 2b - state same) 140 South Main Street OH Mount Gilead 43338-	
3c. Tel. No. (419) 946-7727	3d. Cell No.	3e. Fax No. (419) 946-6747	3f. E-Mail Address Chief801@mcems.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Care & transportation of the sick & injured.	
5a. City and State where unit is located: Mount Gilead, OH			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 9
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): March 30, 2020	11c. Election Time(s): 0800hrs	11d. Election Location(s): 140 South Main Street Mount Gilead, OH
12a. Full Name of Petitioner (including local name and number) Kennard Ray Skaggs II International Association of EMTs & Paramedics (IAEP/NAGE/SEIU Local R7-059)		12b. Address (street and number, city, state, and ZIP code) P.O. Box 911 OH Wadsworth 44282-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of EMTs & Paramedics/NAGE/SEIU

12d. Tel No. (617) 376-7237	12e. Cell No. (863) 585-3045	12f. Fax No. (863) 582-9506	12g. E-Mail Address kskaggs@nage.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Doug Hall Esq. Associate General Counsel International Association of EMTs & Paramedics (IAEP/NAGE/SEIU)		13b. Address (street and number, city, state, and ZIP code) 3510 Main Street CT Bridgeport 06606-	
13c. Tel No. (203) 371-6170	13d. Cell No. (860) 230-5874	13e. Fax No. (203) 371-6378	13f. E-Mail Address dhall@nage.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Kennard Ray Skaggs II	Signature Kennard R. Skaggs II	Title National Representative	Date 02/26/2020 14:22:01
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
08-RC-257004	2/26/2020

Employees Included

All full-time dispatchers to be included via "Armor-Globe" election (reference case# 08-RC-185223).

Employees Excluded

all other professional employees, office clerical employees, guards and supervisors as defined in the National Labor Relations Act.

FORM NLRB-502 (RD)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 08-RD-255785	Date Filed 2/5/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Heritage-WTI Inc., d/b/a Heritage Thermal Services		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1250 Saint George St, East Liverpool, OH 43920-3471	
3a. Employer Representative - Name and Title Christopher Pherson		3b. Address (if same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (330)385-7337	3d. Cell No.	3e. Fax No. (330)385-7813	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Incinerator		4b. Principal product or service Trash	
5a. City and State where unit is located: East Liverpool, OH		5b. City and State where unit is located: East Liverpool, OH	
5b. Description of Unit Involved Included: All Service Tech I, Service Tech II, Receiving and Filed Service employees at the Employer's facility located at 1250 Saint George Street, East Liverpool, Ohio 43920 Excluded: All other employees, including professional and managerial, laboratory/quality control, maintenance, E & I, Operators, outbound and transportation coordinator and lab pack, office/clericals, guards and supervisors as defined by the Act.		6a. No. of Employees in Unit: 46 6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [] No [X]	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input checked="" type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent International Chemical Workers Union Council, Local 767-C		8b. Address 1655 West Market Street, 6th Floor, Akron, OH 44413	
8c. Tel. No. (330)926-1444	8d. Cell No.	8e. Fax No. (330)926-0816	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification December 2, 2015	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) May 1, 2017 - May 1, 2020
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11b. Election Date(s): ASAP		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail 11d. Election Location(s): The 1st Floor Conference Room	
11c. Election Time(s): 3:30 p.m. - 5:30 p.m. (2 days)		11b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	
12a. Full Name of Petitioner (b) (6), (b) (7)(C)			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)			
12d. Tel. No.	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title (b) (6), (b) (7)(C)		13b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	
13c. Tel. No.	13d. Cell No. (b) (6), (b) (7)(C)	13e. Fax No.	13f. E-Mail Address (b) (6), (b) (7)(C)
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)	Sig (b) (6), (b) (7)(C)	Title Individual/Petitioner	Date 2-5-2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)

FORM NLRB-502 (RD)
(4-16)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITIONDO NOT WRITE IN THIS SPACE
Case No. 08-RD-255913 Date Filed 2-6-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Heritage-WTI Inc., d/b/a Heritage Thermal Services		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1250 Saint George St, East Liverpool, OH 43920-3471	
3a. Employer Representative - Name and Title Christopher Pherson		3b. Address (if same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (330)385-7337	3d. Cell No.	3e. Fax No. (330)385-7813	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste incinerator		4b. Principal product or service Trash	
5a. City and State where unit is located: East Liverpool, OH		5b. No. of Employees in Unit: 46	
5b. Description of Unit Involved Included: All Service Tech I, Service Tech II, Receiving and Filed Service employees at the Employer's facility located at 1250 Saint George Street, East Liverpool, Ohio 43920 Excluded: All other employees, including professional and managerial, laboratory/quality control, maintenance, E & I, Operators, outbound and transportation coordinator and lab pack, office/clericals, guards and supervisors as defined by the Act.		5b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [] No []	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (if no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent International Chemical Workers Union Council, Local 967-C		8b. Address 1655 West Market Street, 6th Floor, Akron, OH 44313	
8c. Tel. No. (330)926-1444	8d. Cell No.	8e. Fax No. (330)926-0816	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification December 2, 2015	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) May 1, 2017 - May 1, 2020

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ No ☐ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail
11b. Election Date(s): ASAP
11c. Election Time(s): 3:30 p.m. - 5:30 p.m. (2 days)
11d. Election Location(s): The 1st Floor Conference Room

12a. Full Name of Petitioner
(b) (6), (b) (7)(C)
12b. Address (street and number, city, state, and ZIP code)
(b) (6), (b) (7)(C)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

12d. Tel. No.	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title (b) (6), (b) (7)(C)		13b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	
13c. Tel. No. SAME AS ABOVE	13d. Cell No. (b) (6), (b) (7)(C)	13e. Fax No.	13f. E-Mail Address (b) (6), (b) (7)(C)

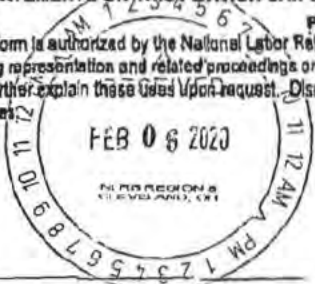
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Title Individual/Petitioner	Date 2-6-2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



(b) (6), (b) (7)(C)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

08-RD-256420

Date Filed

2/18/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION:** RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
ARCHER DANIELS MIDLAND CO.2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1308 Miami St, Toledo, OH 43605-3354

3a. Employer Representative - Name and Title

Jason Boyer

3b. Address (If same as 2b - state same)

SAME AS ABOVE

3c. Tel. No.

(419)691-7480

3d. Cell No.

419-250-2417

3e. Fax No.

3f. E-Mail Address

Jason.boyer@ADM.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Factory

4b. Principal product or service

Load/unload agricultural material

5a. City and State where unit is located:

Toledo, OH

5b. Description of Unit Involved

Included: All full time and regular part time Operator A, Operator B, Utility and Maintenance employees

Excluded: All managerial employees, professional employees, office clerical employees, guards and supervisors as defined in the Act.

6a. No. of Employees in Unit

8

6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes ☒ No ☐

Check One:

7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent

International Longshoremen Local 1768

8b. Address

P.O. box 167405, Oregon, OH 43616

8c. Tel. No.

(419)266-4123

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

(b) (6), (b) (7)(C)

8g. Affiliation, if any

8h. Date of Recognition or Certification

Contract, if any (Month, Day, Year)
February 15, 20209. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)

10a. Name

International Longshoremen Local 1768

10b. Address

P.O. box 167405, Oregon, OH 43616

10c. Tel. No.

(419)266-4123

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s):

3/10/2020

11c. Election Time(s):

6:30 AM to 7:30 AM

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11d. Election Location(s):

Breakroom

12a. Full Name of Petitioner

(b) (6), (b) (7)(C)

12b. Address (street and number, city, state, and ZIP code)

(b) (6), (b) (7)(C)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

12d. Tel. No.

(b) (6), (b) (7)(C)

12e. Cell No.

(b) (6), (b) (7)(C)

12f. Fax No.

12g. E-Mail Address

(b) (6), (b) (7)(C)

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

(b) (6), (b) (7)(C)

13b. Address (street and number, city, state, and ZIP code)

SAME AS ABOVE

13c. Tel. No.

SAME AS ABOVE

13d. Cell No.

SAME AS ABOVE

13e. Fax No.

SAME AS ABOVE

13f. E-Mail Address

SAME AS ABOVE

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

(b) (6), (b) (7)(C)

Signature

(b) (6), (b) (7)(C)

Title

(b) (6), (b) (7)(C)

Date

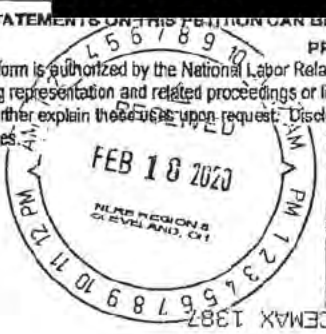
2-16-2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)



UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

09-RC-255716

Date Filed

2-4-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Leslie County Telephone Co. d/b/a TDS		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 24014 Hwy 421, Hyden KY 41749	
3a. Employer Representative - Name and Title: James Whitaker		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 606-672-1333	3d. Cell No.	3e. Fax No.	3f. E-Mail Address james.whitaker@tdstelecom.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.):		4b. Principal Product or Service Telecommunication services	5a. City and State where unit is located: Hyden, KY
5b. Description of Unit Involved: Included: See Attachment Excluded: See Attachment		6a. Number of Employees in Unit: 9 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above, (If none, so state) NONE			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 3, 2020	11c. Election Time(s): 7:00 a.m. - 9:00 a.m.	11d. Election Location(s): 22076 Main St, Hyden, KY 41749	
12a. Full Name of Petitioner (including local name and number): Communication Workers of America, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 3516 Covington Highway, Decatur GA 30032	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): None			
12d. Tel. No. 404-296-5553	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Richard Rouco Attorney		13b. Address (street and number, city, State and ZIP code): 2 -20th Street North, Ste. 930 Birmingham AL 35203	
13c. Tel. No. 205-918-7430	13d. Cell No. 205-533-2009	13e. Fax No. 205-803-4143	13f. E-Mail Address rrouco@qcwdr.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) RICHARD ROUCO	Signature Richard Rouco	Title ATTORNEY	Date 2/4/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

ATTACHMENT

8b. Description of Unit:

Included: All Field Service Technicians (FST), FST-Network, FST-Network Specialist, and Assistant Field Servicer.

Excluded: All supervisors, professional employees, confidential employees, temporary employees, leased employees, and guards as defined under the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 09-RC-256424	Date Filed February 18, 2020
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Airgas		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 5133 Maritime IN Jeffersonville 47130-	
3a. Employer Representative - Name and Title Jason Joslin		3b. Address (If same as 2b - state same) 1200 West 138th st. IL Riverdale 60827-	
3c. Tel. No. (708) 849-1200	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jason.joslin@airgas.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Oil & Gas Operations		4b. Principal product or service delivery of gas	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Jeffersonville, IN	
		6a. No. of Employees in Unit: 5	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): march 2, 2020		11c. Election Time(s): 8am-9am		11d. Election Location(s): airgas 5133 maritime Jeffersonville, In 47130			
12a. Full Name of Petitioner (including local name and number) Bryan Trafford General Drivers, Warehousemen & Helpers Local Union 89				12b. Address (street and number, city, state, and ZIP code) 3813 Taylor Blvd KY Louisville 40215-			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters							
12d. Tel No. (502) 368-5885		12e. Cell No. (706) 564-7002		12f. Fax No. (502) 366-2009		12g. E-Mail Address btrafford@teamsters89.com	

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Bryan Trafford	Signature Bryan Trafford	Title Organizer/Assistant to the President	Date 02/14/2020 11:02:25
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
09-RC-256424	February 18, 2020

Employees Included
all fulltime and part time drivers

Employees Excluded
supervisors, clerical, plant technicians and all other employees

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
09-RC-256883

Date Filed
February 25, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Appalachian Power Company		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 404 29th St W WV Charleston 25387-	
3a. Employer Representative - Name and Title Jaime Beckelhimer		3b. Address (If same as 2b - state same) 500 Lee St East WV Charleston 25301-	
3c. Tel. No. (304) 348-4163	3d. Cell No. (304) 552-7517	3e. Fax No. (304) 348-4159	3f. E-Mail Address jbeckelhimer@aep.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electric Utilities		4b. Principal product or service Electricity distribution and service.	
5a. City and State where unit is located: Charleston, WV			

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 7
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). LOCAL UNION 978, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS,		8b. Address PO Box 7361 WV Cross Lanes 25356-	
8c. Tel No. (304) 542-3723	8d. Cell No. (304) 542-3723	8e. Fax No.	8f. E-Mail Address lu978ibew@aol.com
8g. Affiliation, if any INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-		8h. Date of Recognition or Certification 03/31/2021	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 03/18/2020	11c. Election Time(s): 7:00 AM to 7:30 AM	11d. Election Location(s): Appalachian Power 404 29th St W Charleston, WV 25387 at an appropriate location
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12a. Full Name of Petitioner (Including local name and number) DALE MCCRAY LOCAL UNION 978, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 25049 VETERANS MEM HWY WV TERRA ALTA 26764-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Electrical Workers, AFL-CIO

12d. Tel No. (304) 841-2140	12e. Cell No. (304) 841-2140	12f. Fax No.	12g. E-Mail Address dale_mccray@ibew.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) DALE MCCRAY	Signature Dale McCray	Title Lead Organizer	Date 02/25/2020 09:19:38
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
09-RC-256883	February 25, 2020

Employees Included

All Distribution Customer Design Technicians who work at the Appalachian Power Charleston Unit location at 404 29th St W Charleston, WV 25387.

Employees Excluded

All other employees, confidential employees, guards, and supervisors as defined in the Act.


UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
09-RC-257061Date Filed
2-27-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer: Seemless Printing		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 717 Linn Street, Cincinnati, Ohio 45203	
3a. Employer Representative - Name and Title: Alicia Wilhelmy President		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 513-871-2366	3d. Cell No. 513-470-4942	3e. Fax No.	3f. E-Mail Address alicia@seemlessprinting.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Paper printing company		4b. Principal Product or Service Paper printing company	
5a. City and State where unit is located: Cincinnati Ohio		5b. Description of Unit Involved: Included: All workers involved in the designing and printing of work Excluded: Owners of the company	
6a. Number of Employees in Unit: 4		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2/27/20 and Employer declined recognition on or about (Date) 2/27/20 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) Communications Workers of America Local 4400		8b. Address: 2300 Montana Ave, Cincinnati, Ohio 45211	
8c. Tel. No. 513-681-4400	8d. Cell No. 513-484-4212	8e. Fax No. 513-681-8976	8f. E-Mail Address president@cwa4400.org
8g. Affiliation, if any: Communications Workers of America		8h. Date of Recognition or Certification 2/27/20	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) none			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 3/13/20		11c. Election Time(s): 9am	
11d. Election Location(s): EMPLOYER FACILITY			
12a. Full Name of Petitioner (including local name and number): Communications Workers of America Local 4400		12b. Address (street and number, city, State and ZIP code): 2300 Montana Ave, Cincinnati, Ohio 45211	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Communications Workers of America			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jason Ballman, President		13b. Address (street and number, city, State and ZIP code): 2300 Montana Ave, Cincinnati, Ohio 45211	
13c. Tel. No. 513-681-4400	13d. Cell No. 513-484-4212	13e. Fax No. 513-681-8976	13f. E-Mail Address president@cwa4400.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Jason Ballman		Signature 	Title President CWA 4400
		Date 2/27/20	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

09-RD-255643

Date Filed

2-3-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Hard Rock Casino Cinti	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1000 Broadway Cinti, OH 45202
3a. Employer Representative - Name and Title Deborah Davis	3b. Address (If same as 2b - state same)
3c. Tel. No. (513) 250-3112	3d. Fax No.
3e. Cell No.	3f. E-Mail Address deborah.davis@hrcincinnati.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Casino	4b. Principal product or service Entertainment

5a. Description of Unit Involved
Included: **Security Officers, EMT's, Hospitality Hosts**
Excluded: **Supervisors, Managers, Directors**

5b. City and State where unit is located:
Cincinnati, OHIO

6. No. of Employees in Unit **45** 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent
INTL Union, Security, Police & Fire (SPFPA)

8b. Affiliation, if any

8c. Address 25510 Kelly Road Roseville, MI 48066	8d. Tel. No.	8e. Cell No.
	8f. Fax No. 937-643-2628	8g. E-Mail Address htrigg@spfpa.org

9. Date of Recognition or Certification **5-2-2017** 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
5-1-2022

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No 11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name Harold Trigg	12b. Address 25510 Kelly Road Roseville, MI 48066	12c. Tel. No. 937-298-6108	12d. Fax No.
		12e. Cell No. 937-298-9377	12f. E-Mail Address 937-469-0809

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s) ASAP	13c. Election Time(s) TBD	13d. Election Location(s) Casino (Conference Room)
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14. Full (b) (6), (b) (7)(C)

14a. Address (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. (b) (6), (b) (7)(C)
	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name	15b. Title
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

I declare that I have read the above petition and (b) (6), (b) (7)(C) knowledge and belief.

(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Date Filed 2-3-20
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PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

10-RC-256093

Date Filed

02/11/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Faurecia		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3555 Cleburne Rd TN Spring Hill 37174-	
3a. Employer Representative - Name and Title Alejandra Sandoval		3b. Address (If same as 2b - state same) 3555 Cleburne Rd TN Spring Hill 37174-	
3c. Tel. No. (734) 292-5801	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Alejandra.Sandoval@faurecia.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Auto & Truck Parts		4b. Principal product or service Auto Door Panels	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Spring Hill, TN	
		6a. No. of Employees in Unit: 150	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 3/3/2020	11c. Election Time(s): 5am-7:30pm; 1pm-3:30pm; 9pm-11:30pm	11d. Election Location(s): Break Room
12a. Full Name of Petitioner (including local name and number) Dale Arthur United Auto Workers		12b. Address (street and number, city, state, and ZIP code) 10 Dharma Court KY Cold Spring 41076-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Automobile, Aerospace and Agricultural Implement Workers of America, UAW

12d. Tel No. (859) 803-3225	12e. Cell No.	12f. Fax No.	12g. E-Mail Address darthur@uaw.net
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Dale Arthur	Signature Dale Arthur	Title Organizer	Date 02/11/2020 10:08:37
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 10-RC-256093	Date Filed 02/11/2020

Employees Included

All full time and regular part time production and maintenance employees.

Employees Excluded

All other employees including contract temporary employees, office employees, clerical employees, professional and managerial employees, guards and supervisors as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 10-RC-256885	Date Filed February 25, 2020
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Appalachian Power Company		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2255 Prospect Dr VA Christiansburg 24073-	
3a. Employer Representative - Name and Title Jaime Beckelhimer		3b. Address (If same as 2b - state same) 500 Lee St East WV Charleston 25301-	
3c. Tel. No. (304) 348-4163	3d. Cell No. (304) 552-7517	3e. Fax No. (304) 348-4159	3f. E-Mail Address jbeckelhimer@aep.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electric Utilities		4b. Principal product or service Electricity distribution and service.	
		5a. City and State where unit is located: Christiansburg, VA	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 13
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 03/19/2020	11c. Election Time(s): 7:00 AM to 7:30 AM	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11d. Election Location(s): Appalachian Power at its Christiansburg/Glen Lyn, VA facilities located at	12b. Address (street and number, city, state, and ZIP code) 25049 VETERANS MEM HWY WV TERRA ALTA 26764-
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12a. Full Name of Petitioner (including local name and number)
DALE MCCRAY
LOCAL UNION 978, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO

12d. Tel No. (304) 841-2140	12e. Cell No. (304) 841-2140	12f. Fax No.	12g. E-Mail Address dale_mccray@ibew.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) DALE MCCRAY	Signature Dale McCray	Title Lead Organizer	Date 02/25/2020 09:20:19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and part-time Line Mechanics and Line Servicer employees employed by the Employer at its Christiansburg/Glen Lyn, VA facilities located at 2255 Prospect Dr, Christiansburg, VA 24073 and 167 Houston Ln, Glen Lyn, VA 24093.

Employees Excluded

All other employees, office clerical employees, confidential employees, managers, and all professional employees, guards and supervisors as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

10-RD-255736

Date Filed

February 4, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Spire		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 700 Market St. Louis Mo 63101	
3a. Employer Representative - Name and Title Bill Stovall Human Resources		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 314-342-0726	3d. Fax No. 314-641-2152	3e. Cell No. 678-463-6631	3f. E-Mail Address bill.stovall@SpireEnergy.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility Provider		4b. Principal product or service Gas	
5a. Description of Unit involved Included: Dispatcher, Dispatcher/Clerk, Storekeeper, Storekeeper/Clerk, Dispatcher/Collector, Meter Reader, Collector, Collector/Clerk, Collector, crewman, Sanitor/Sanitress, and General Clerk Excluded: All employees in classifications presently represented by Local Union 10548 including all employees of the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry, Montgomery, Opelika, Phenix City, Selma and Tuscaloosa, Alabama			5b. City and State where unit is located: Montgomery, Alabama
6. No. of Employees in Unit 55		7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent United Steelworker Local Union #12030-A		8b. Affiliation, if any AFL-CIO	
8c. Address 1413 Thompson Circle Suite 101 Gardendale AL 35071		8d. Tel. No. 205-631-035	8e. Cell No.
		8f. Fax No. 205-631-0138	8g. E-Mail Address

9. Date of Recognition or Certification May 1st 2017		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) April 30 2020	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Mail		13a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) Proposed date Feb 25, 2020	13c. Election Time(s) N/A	13d. Election Location(s) Main Bldg	

14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
		14d. E-Mail Address (b) (6), (b) (7)(C)	

14f. Affiliation, if any (b) (6), (b) (7)(C)			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No.
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Date Filed Feb 3 2020
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FALSE STATEMENTS ON THIS PETITION MAY BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

10-RD-257071

Date Filed

February 27, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD - DECERTIFICATION (REMOVAL OF REPRESENTATIVE) A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Alter inc		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1730 Vanderbilt rd. Birmingham AL 35234	
3a. Employer Representative - Name and Title Jay Eichelberger General Manager		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 205-458-1599	3d. Fax No.	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Utility bodies	
5a. Description of Unit Involved Included: All bargaining unit employees Excluded:			5b. City and State where unit is located: Birmingham, AL.
6. No. of Employees in Unit 330		7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent United Steelworkers local #7740		8b. Affiliation, if any	
8c. Address 1413 Thompson air. #101 Gardendale, AL 35071		8d. Tel. No. (205)-0137	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address
9. Date of Recognition or Certification March 18, 1970		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) April 30, 2020	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) N/A		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)		None	
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 3/24/20	13c. Election Time(s) 12:00pm	13d. Election Location(s)	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name Same		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)		Date Filed 02/25/20	

STATEMENTS BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-255599

Date Filed

2/3/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Range Generation Next LLC (RGNext)

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
1030 South Highway A1A, Building 989, Patrick AFB, Florida 32925

3a. Employer Representative - Name and Title:
Belinda Burke, H.R. Manager

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.

3d. Cell No.

321-474-3111

3e. Fax No.

3f. E-Mail Address

Belinda.Burkey@rgnext.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Aerospace Company

4b. Principal Product or Service
Government Service Contractor

5a. City and State where unit is located:
Cocoa Beach, Florida

5b. Description of Unit Involved:

Included:

The Union is seeking an Armour-Globe Election, see attachment

Excluded:

ALL CLERICAL, SUPERVISORS, MANAGEMENT, GUARDS AND ALL OTHERS DEFINED BY THE I

6a. Number of Employees in Unit:

11

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).

☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)
None

8b. Address:
XXX

8c. Tel. No.
XXX

8d. Cell No.
XXX

8e. Fax No.
XXX

8f. E-Mail Address
XXX

8g. Affiliation, if any:
XXX

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☐ If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)
None

10a. Name
XXX

10b. Address
XXX

10c. Tel. No.
XXX

10d. Cell No.
XXX

10e. Fax No.
XXX

10f. E-Mail Address
XXX

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:
I request a stipulated election

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
February 21st 2020

11c. Election Time(s):
Mid Morning

11d. Election Location(s):
Cape Canaveral Air Force Station

12a. Full Name of Petitioner (including local name and number):
Shawn P Beal IBEW LU 2088 Business Manager

12b. Address (street and number, city, State and ZIP code):
2395 N Courtenay Pkwy, Ste 103
Merritt Island, FL 32953

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Electrical Workers, AFL-CIO

12d. Tel. No.
321 459-1400

12e. Cell No.
321-759-0754

12f. Fax No.
321-459-1077

12g. E-Mail Address
spbeal2088@aol.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:

Shawn P Beal IBEW LU 2088 Business Mgr

13b. Address (street and number, city, State and ZIP code):
2395 N Courtenay Pkwy, Ste 103
Merritt Island, FL 32953

13c. Tel. No.
321 459-1400

13d. Cell No.
321-759-0754

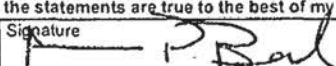
13e. Fax No.
321-459-1077

13f. E-Mail Address
spbeal2088@aol.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Shawn P Beal

Signature



Title
Business Manager

Date

3 Feb 2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

ATTACHMENT

The Union is seeking an Armour-Globe Election and wishes to add all full-time and part-time, "System Admin", System Analyst Sr, Principal System Analyst, System Administrator, System Administrator Senior, Senior System Administrator, System Analyst Senior, System Analyst PR employed by the employer at its Cape Canaveral Air Station and Patrick AFB to the existing unit.

These System Admins share a community of interest with the technical and plant clerical employees.

The System Admins' work locations, functions, interactions with technical and plant clerical employees, qualifications, and working conditions.

The Union represents technical and plant employees covered by a collective bargaining agreement with the employer, for the period of September 1, 2018 through August 31, 2021

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

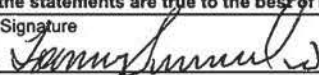
12-RC-255997

Date Filed

2/10/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Arkema		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4800 Hwy 60 East--Mulberry, FL 33860	
3a. Employer Representative - Name and Title: Jason Brannen--Director of Operations		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 863-578-1206	3d. Cell No. -----	3e. Fax No. 863-425-5389	3f. E-Mail Address JBrannen@Arrmaz.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Chemical Plant		4b. Principal Product or Service Speciality Chemical	5a. City and State where unit is located: Mulberry, FL
5b. Description of Unit Involved: Included: Production, Warehouse, Rail Side Workers, Maintenance & Electrical Workers. Excluded: Office & Clerical, Truck Drivers, Lab, Guards and Supervisors as defined in the Act.			6a. Number of Employees in Unit: 51 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No.
			10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 3/5/2020 & 3/6/2020		11c. Election Time(s): 6am-7am & 6pm-7pm	11d. Election Location(s): Break Room--Building 14
12a. Full Name of Petitioner (including local name and number): International Chemical Workers Union Council of the UFCW		12b. Address (street and number, city, State and ZIP code): P.O. Box 712--Mulberry, FL 33860	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food & Commercial Workers International Union, AFL-CIO, CLC			
12d. Tel. No. 863-255-6989	12e. Cell No. 863-255-6989	12f. Fax No. 863-583-3327	12g. E-Mail Address TSummerlin@ICWUC.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Tommy Summerlin--International Rep		13b. Address (street and number, city, State and ZIP code): P.O. Box 712--Mulberry, FL 33860	
13c. Tel. No. 863-255-6989	13d. Cell No. 863-255-6989	13e. Fax No. 863-583-3327	13f. E-Mail Address TSummerlin@ICWUC.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Tommy Summerlin	Signature 	Title International Rep	Date 2/10/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) 
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-256207	Date Filed 2/12/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer PETRO TAINO TRANSPORT CORP.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 671 CARR. 337 PENUÉLAS, P.R. 006249804
3a. Employer Representative - Name and Title JELIXSA DE JESUS	3b. Address (If same as 2b - state same) SAME
3c. Tel. No. 787-836-8812	3d. Cell No.
3e. Fax No. 787-836-3708	3f. E-Mail Address JELIXSA.DEJESUS@PETROTAINO.COM

4a. Type of Establishment (Factory, mine, wholesaler, etc.) GASOLINE DISTRIBUTION	4b. Principal product or service GASOLINE	5a. City and State where unit is located: PENUÉLAS, P.R.
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5b. Description of Unit Involved Included: TRUCK DRIVERS, MECHANICS, GENERAL HELPER, CLERICALS, MAINTENANCE Excluded: GUARDS, PURCHASE OFFICE LOGISTIC OFFICER, SAFETY MANAGERS, HR DIRECTORS, INDEPENDENT CONTRACTORS	6a. No. of Employees in Unit: 26 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	--

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2/12/2020 and Employer declined recognition on or about NO REPLY RECEIVED (Date) (If no reply received, so state).	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
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8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE	8b. Address
--	-------------

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

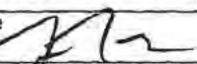
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number) UNITED STEELWORKERS LOCAL 6135		12b. Address (street and number, city, state, and ZIP code) P.O. BOX 6828 BAYAMON P.R. 00960-5528	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) UNITED STEELWORKERS AFL-CIO-CLC			

12d. Tel. No. 787-780-0685	12e. Cell No. 787-637-9323	12f. Fax No. 787-740-4140	12g. E-Mail Address ytorres@usw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title YAPNET TORRES - STAFF REP.	13b. Address (street and number, city, state, and ZIP code) P.O. BOX 6828 BAYAMON P.R. 00960-5528
13c. Tel. No. 787-780-0885	13d. Cell No. 787-637-9323
13e. Fax No. 787-740-4140	13f. E-Mail Address ytorres@usw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) YAPNET TORRES	Signature 	Title STAFF REP-USW	Date 2/12/2020
--------------------------------------	--	-------------------------------	--------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-256465	Date Filed Feb. 18, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Coast to Coast Legal Aid of South Florida		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 491 North State Road7, Plantation, Florida, 33317	
3a. Employer Representative - Name and Title Patrice Paldino, Executive Director		3b. Address (if same as 2b - state same) Same as 2b	
3c. Tel. No. 954-736-2458	3d. Cell No.	3e. Fax No. 954-736-2482	3f. E-Mail Address patricepaldino@legalaid.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Public Interest Law Firm		4b. Principal product or service Legal Services	
5a. City and State where unit is located: Plantation, Florida		6a. No. of Employees in Unit: 33	
5b. Description of Unit Involved Included: See attached Excluded: See Attached		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 1/13/20 and Employer declined recognition on or about No reply received (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 2/21/20		11c. Election Time(s): 12:00 p.m. to 2:00 p.m.	
11d. Election Location(s): 491 North State Road 7, Plantation, Florida 33317			
12a. Full Name of Petitioner (Including local name and number) NOLSW/UAW Local 2320		12b. Address (street and number, city, state, and ZIP code) 5102 Carmona Lane, Pearland, Texas 7758	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) NOLSW/UAW Local 2320			
12d. Tel No.	12e. Cell No. 346-307-1526	12f. Fax No.	12g. E-Mail Address raeast2320@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Rachel A. Thomas, Regional Organizer		13b. Address (street and number, city, state, and ZIP code) 5102 Carmona Lane, Pearland, Texas 77584	
13c. Tel No.	13d. Cell No. 346-3071526	13e. Fax No.	13f. E-Mail Address raeast2320@gmail.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Rachel A. Thomas	Signature 	Title Regional Organizer	Date 2/14/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

5b. Description of Unit Involved

12-RC-256465

Feb. 18, 2020

Included: attorneys, paralegals, date entry clerk, and intake specialist.

Excluded: supervising attorneys, program administrators, and all other supervisors as defined by the National Labor Relations Board.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	12-RC-256494	Date Filed	2/18/2020
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Moran Environmental Recovery	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2840 NW 16th St, Pompano Beach FL 33069
---	---

3a. Employer Representative - Name and Title Kurt Roberts - Office Manager	3b. Address (If same as 2b - state same) 2840 NW 16th St, Pompano Beach FL 33069
--	--

3c. Tel. No. 754-703-3600	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
-------------------------------------	---------------------	--------------------	---------------------------

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction	4b. Principal product or service Hydrovac Construction	5a. City and State where unit is located: Pompano Beach FL
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5b. Description of Unit Involved Included: ALL Full & Regular Part Time Hydrovac Operators, Industrial Cleaning Operators, Field Technicians, Mechanics, Welders, Heavy Equipment Operators & Yard Workers at the Pompano Beach FL Location Excluded: All Other Employees, Professional Employees, Supervisors, & Guards As Defined By The Act.	6a. No. of Employees in Unit: 25 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	---

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).	8b. Address
--	--------------------

8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
--------------------------------	---	--

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 3/11/2020	11c. Election Time(s): 6:00 am - 7:00 am	11d. Election Location(s): 2840 NW 16th St, Pompano Beach FL 33069
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12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers Local 487	12b. Address (street and number, city, state, and ZIP code) 1425 NW 36th St. Miami, FL 33412
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

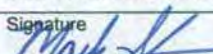
12d. Tel No. 202-429-9100	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Mark Schaunaman - Business Manager	13b. Address (street and number, city, state, and ZIP code) 1425 NW 36th St. Miami, FL 33412
--	--

13c. Tel No. 305-634-3419	13d. Cell No. 305-608-5444	13e. Fax No. 305-633-0698	13f. E-Mail Address mark@iuoe487.org
-------------------------------------	--------------------------------------	-------------------------------------	--

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Mark Schaunaman	Signature 	Title Business Manager	Date 2/18/2020
--	---	----------------------------------	--------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
12-RC-256494	2/18/2020

Employees Included

All full & regular part time Hydrovac Operators, Industrial Cleaning Operators, Field Technicians, Mechanics, Welders, Heavy Equipment Operators, & yard workers at Pompano Beach FL location.

Employees Excluded

All other employees, professional employees, supervisors, guards as define in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **12-RC-256556**

Date Filed **2/18/2020**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer
Gannett Co., Inc. dba The Palm Beach Post & Palm Beach Daily News

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2751 S. Dixie Highway, West Palm Beach, FL 33405 and 400 Royal Palm Way, Suite 100, Palm Beach, FL 33480

3a. Employer Representative - Name and Title
Nick Moschella - Executive Editor

3b. Address (If same as 2b - state same)
2751 S. Dixie Highway, West Palm Beach, FL 33405

3c. Tel. No.
(561) 820-4441

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
nmoschella@pbpost.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Newsroom

4b. Principal product or service
News Publication

5a. City and State where unit is located:
Palm Beach County, FL

5b. Description of Unit Involved

Included: All full-time and regular part-time editorial employees of the Employer.

Excluded: All other employees, including managers, guards, and supervisors as defined by the Act.

6a. No. of Employees in Unit:
80

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 02/18/2020 **and Employer declined recognition on or about** 02/18/2020 **(Date) (If no reply received, so state).** **No reply recieved**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ **If so, approximately how many employees are participating?** _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Thursday, March 5, 2020

11c. Election Time(s):
11am-1pm + 3pm-5pm

11d. Election Location(s):
3rd Floor Conference Room in The Palm Beach Post Office

12a. Full Name of Petitioner (including local name and number)
The NewsGuild - CWA

12b. Address (street and number, city, state, and ZIP code)
501 3rd St., NW #6, Washington D.C. 20001

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
The NewsGuild, Communication Workers of America, AFL-CIO

12d. Tel No.
(202) 434-7117

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title **Kevin Brokt - Campaign Lead**

13b. Address (street and number, city, state, and ZIP code)
925 West Huron St., #526, Chicago, IL 60642

13c. Tel No.

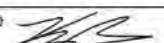
13d. Cell No.
(301) 335-5754

13e. Fax No.

13f. E-Mail Address
Kbrokt@cwa-union.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Kevin Brokt

Signature 

Title
Campaign Lead

Date
02/18/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
12-RC-256815Date Filed
2/21/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Seminole Electric Cooperative, INC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 16313 North Dale Mabry Highway Tampa Florida 33618	
3a. Employer Representative - Name and Title: Rebecca Witherow/ Manager of HR Infrastructure and Employee Relations		3b. Address (if same as 2b - state same): Same As above	
3c. Tel. No. (813) 739-1371	3d. Cell No.	3e. Fax No.	3f. E-Mail Address RWitherow@seminole-electric.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electric COOP		4b. Principal Product or Service Electricity	5a. City and State where unit is located: Tampa
5b. Description of Unit Involved: Included: See attachment Excluded: Supervisors, Managers, Clerical, Guards and all other as defined by the ACT			6a. Number of Employees in Unit: 10
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) FEB 21, 2020 and Employer declined recognition on or about (Date) FEB 21, 2020 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): March 10th, 2020		11c. Election Time(s): 730pm-830pm	11d. Election Location(s): Systems Operations conference room 1080
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers Local Union 108		12b. Address (street and number, city, State and ZIP code): 10108 Highway 92 East Tampa Florida 33610	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers AFL-CIO			
12d. Tel. No. (813) 621-2418	12e. Cell No. (813) 777-2060	12f. Fax No. (813) 621-1687	12g. E-Mail Address Cparsels@ibew108.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Doug Bowden / Business Manager		13b. Address (street and number, city, State and ZIP code): 10108 Highway 92 East Tampa Florida 33610	
13c. Tel. No. (813) 621-2418	13d. Cell No. (813) 482-3578	13e. Fax No. (813) 621-1687	13f. E-Mail Address dbowden@ibew108.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Doug Bowden	Signature Doug Bowden	Title Business Manager	Date 2-21-20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Seminole Electric Unit:

Attachment

Include: All Full time System Coordinators to include Associate System Coordinator,
System Coordinator I and System Coordinator II.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-256899	Date Filed Feb. 24, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Gannett Co., Inc. dba SW Florida USA Today Network (Naples Daily News & Fort Myers News-Press)		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) See Attached Rider	
3a. Employer Representative - Name and Title Cindy McCurry-Ross - Florida Editor		3b. Address (If same as 2b - state same) 4415 Metro Parkway, Suite 100 and 300, Fort Myers, FL 33916	
3c. Tel. No. (239) 335-0280	3d. Cell No.	3e. Fax No.	3f. E-Mail Address cmcross@gannett.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Newsroom		4b. Principal product or service News Publications	
5a. City and State where unit is located: Fort Myers and Naples, FL		5b. Description of Unit Involved Included: All full-time and regular part-time newsroom employees of the Employer. Excluded: All other employees, including managers, guards, and supervisors as defined by the Act.	
6a. No. of Employees in Unit: 50		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>02/24/2020</u> and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply recieved	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None	8b. Address
8c. Tel No.	8d. Cell No.
8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any	8h. Date of Recognition or Certification
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): Monday, March 9, 2020	11c. Election Time(s): 9-11am and 4-6pm	11d. Election Location(s): Fort Myers News-Press Break Room and Naples Daily News Break Room
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12a. Full Name of Petitioner (including local name and number) The NewsGuild - CWA	12b. Address (street and number, city, state, and ZIP code) 501 3rd St. NW, 6th Floor, Washington D.C. 20001
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Communication Workers of America

12d. Tel No. (202) 434-7117	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Thomas J. Lamadrid, Attorney for Petitioner		13b. Address (street and number, city, state, and ZIP code) Eisner & Dictor, P.C., 39 Broadway, Suite 1540, New York, NY 10006	
13c. Tel No. (212) 473-8700	13d. Cell No. (305) 979-7129	13e. Fax No. (212) 473-8705	13f. E-Mail Address thomas@eisnerdictor.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Thomas J. Lamadrid	Signature 	Title Attorney for Petitioner	Date 02/24/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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**RIDER
to
RC PETITION**

2a. Name of Employer

Gannet Co., Inc. dba SW Florida USA Today Network (Naples Daily News & Fort Myers News-Press)

2b. Addresses of Establishments Involved

Fort Myers News-Press, 4415 Metro Parkway, Suites 100 and 300, Fort Myers, FL 33916;
and Naples Daily News, 1100 Immokalee Road, Naples, FL 34110

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-256905	Date Filed 2-25-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Orlando Sentinel Communications Company, LLC d/b/a Orlando Sentinel		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 633 N. Orange Ave. Orlando, FL 32801	
3a. Employer Representative - Name and Title Julie Anderson, Editor-in-Chief		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 954-425-1685	3d. Cell No.	3e. Fax No.	3f. E-Mail Address janderson@sunsentinel.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) News Organization		4b. Principal product or service Print and digital news	
5a. City and State where unit is located. Orlando, FL		5b. Description of Unit Involved Included: All full-time and regular part-time newsroom employees employed by the Employer Excluded: All other employees, including all managers, guards, and supervisors as defined by the Act.	
6a. No. of Employees in Unit: 50		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2/25/20 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 10, 2020	11c. Election Time(s): 9-11am and 6-8pm	11d. Election Location(s): Employer's break room	
12a. Full Name of Petitioner (Including local name and number) The NewsGuild-CWA		12b. Address (street and number, city, state, and ZIP code) 501 Third St., N.W., 6th Floor, Washington, D.C. 20001	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communications Workers of America			
12d. Tel No. (202) 434-7177	12e. Cell No. 201-787-6035	12f. Fax No.	12g. E-Mail Address sbasile@cwa-union.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Michael Melick, attorney		13b. Address (street and number, city, state, and ZIP code) 1025 Connecticut Ave., Suite 1000, Washington, D.C. 20036	
13c. Tel No. (202) 293-9222	13d. Cell No. (443) 682-3867	13e. Fax No.	13f. E-Mail Address mmelick@barrcamens.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Michael Melick	Signature /s/ Michael Melick	Title Attorney	Date 2/25/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

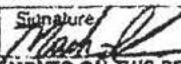
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-257137	Date Filed 2/28/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1 PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Moran Environmental Recovery ; Aerotek		2b. Address(es) of Establishment(s) involved (Street and number city, State, ZIP code) 2480 NW 16th Street, Pompano Beach FL 33069 ; 1000 Corporate Dr #500, Fort Lauderdale, FL 33334	
3a. Employer Representative - Name and Title Kirk Roberts, Business Manager ; Chris Thomas		3b. Address (If same as 2b - state same) 2480 NW 16th Street Pompano Beach, FL 33069 ; 1000 Corporate Dr #500, Fort Lauderdale, FL 33334	
3c. Tel. No. 754.703.7606 ;	3d. Cell No. 954.218.7026 ; 954.717.3516	3e. Fax No.	3f. E-Mail Address kroberts@MoranEnvironmental.com ;
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction		4b. Principal product or service Hydrovac Construction	
5a. City and State where unit is located: Pompano Beach, FL		6a. No. of Employees in Unit: 28	
5b. Description of Unit Involved Included: All full-time and regular part-time vacuum truck operators, environmental field technicians and mechanics who work out of the Employer's Pompano Beach, Florida facility. Excluded: All other employees, office clerical employees, professional employees, guards and supervisors as defined in the Act.		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 19, 2020	11c. Election Time(s): 6:00 a.m. to 7:00 a.m.	11d. Election Location(s): The Employer's facility Second Floor Training Room 2480 NW 16th Street, Pompano Beach, Florida	
12a. Full Name of Petitioner (Including local name and number) International Union of Operating Engineers, Local 487		12b. Address (street and number city state, and ZIP code) 1425 NW 36th ST Miami, FL 33412	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers			
12d. Tel. No. 202.429.9100	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Mark Schaunaman - Business Manager		13b. Address (street and number, city, state, and ZIP code) 1425 NW 36th ST Miami, FL 33412	
13c. Tel. No. 305.634.3419	13d. Cell No. 305.608.5444	13e. Fax No. 305.633.0698	13f. E-Mail Address mark@iuoe487.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Mark Schaunaman	Signature 	Title Business Manager	Date 2/28/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RD-255760

Date Filed

FEB 5, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Longo En-Tech Puerto Rico, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 100 Carretera 165 Suite 608	
3a. Employer Representative - Name and Title Jose Saavedra, Manager		3b. Address (If same as 2b - state same) Guaynabo, PR 00968-8053	
3c. Tel. No. 787-780-0885	3d. Fax No.	3e. Cell No. 787-637-9323	3f. E-Mail Address boiro@coqui.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) company		4b. Principal product or service manufacture, repair and construction of sanitary pipeline	

5a. Description of Unit Involved Included: All regular full-time and part-time production and maintenance employees employed by Respondent PR Excluded: All other employees, managers and supervisors as defined in the Act	5b. City and State where unit is located: Cataño, Puerto Rico
---	--

6. No. of Employees in Unit 14 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent United Steelworkers, Local 6871, AFL-CIO, CLC	8b. Affiliation, if any AFL-CIO, CLC
---	---

8c. Address PO Box 6828 Bayamon, PR 00960-5828	8d. Tel. No. 787-780-0885	8e. Cell No. 787-637-9323
	8f. Fax No.	8g. E-Mail Address ytortres@usw.org

9. Date of Recognition or Certification	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) October 16, 2017
---	---

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating? a labor organization, of since (Month, Day, Year)
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. **Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail

13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)
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14. Full Name of Petitioner

(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C)

14b. Tel. No.

(b) (6), (b) (7)(C)

14c. Fax No.

14d. Cell No.

(b) (6), (b) (7)(C)

14e. E-Mail Address

(b) (6), (b) (7)(C)

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name	15b. Title	
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.	15e. Fax No.
	15f. Cell No.	15g. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

(b) (6), (b) (7)(C)

Signature

(b) (6), (b) (7)(C)

Title

An Individual

Date Filed

1/27/20

WILLFUL FALSE STATEMENTS ON THIS PETITION ARE A VIOLATION OF THE NATIONAL LABOR RELATIONS ACT AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 13-RC-255740

Date Filed 2/5/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Mauser Packaging Solutions		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2000 S. Kilbourn Ave. IL Chicago 60623-	
3a. Employer Representative - Name and Title Jeremy Lee		3b. Address (If same as 2b - state same) 2000 S. Kilbourn Ave. IL Chicago 60623-	
3c. Tel. No. (773) 676-2258	3d. Cell No. (312) 771-1083	3e. Fax No.	3f. E-Mail Address Jeremy.lee@MauserPackaging.onmicrosoft.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Containers & Packaging		4b. Principal product or service Packaging services	
		5a. City and State where unit is located: Chicago, IL	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 63
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Sign, Display, Pictorial Artists, Wood Finishers, Metal Polishers & Allied Trades, Local Uni		8b. Address 9748 S. Roberts Rd. IL Palms Hills 60465-	
8c. Tel No. (708) 430-7075	8d. Cell No.	8e. Fax No. (708) 430-7286	8f. E-Mail Address
8g. Affiliation, if any Painters District Council #14		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 04/30/2020

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): February 18, 2019	11c. Election Time(s): 1:00-3:00 p.m.	11d. Election Location(s): Employer facility, break room	

12a. Full Name of Petitioner (including local name and number) Alex M Tillet-Saks Teamsters Local 705		12b. Address (street and number, city, state, and ZIP code) 1645 W. Jackson Blvd. 7 h Floor IL Chicago 60612-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters			

12d. Tel No. (312) 738-2800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address ats@i705ibt.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Alex M Tillet-Saks	Signature Alex M Tillet-Saks	Title Legal Counsel	Date 02/4/2020 14:48:06
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 13-RC-255740	Date Filed 2/5/20

Employees Included

All hourly paid production and maintenance employees.

Employees Excluded

All confidential employees, guards, professional employees, and supervisors as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


13-RC-255879

Date Filed

2/6/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: University of Chicago Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5841 S Maryland Ave, Chicago, IL 60637	
3a. Employer Representative - Name and Title: Bob Hanley		3b. Address (if same as 2b - state same): 5841 S Maryland Ave. Rm M118, MC 1086	
3c. Tel. No. 773-702-1090	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bob.hanley@uchospitals.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal Product or Service Acute Care	5a. City and State where unit is located: Chicago IL
5b. Description of Unit Involved: Included: see attachment A Excluded: see attachment A			6a. Number of Employees in Unit: 600 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>N/A</u> and Employer declined recognition on or about (Date) <u>N/A</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state).			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 2/27/2020	11c. Election Time(s): 6am-6pm	11d. Election Location(s): Employer's Facilities	
12a. Full Name of Petitioner (including local name and number): Health Care, Professional, Technical, Office, Warehouse, and Mail Order Employees Union, Local 743,		12b. Address (street and number, city, State and ZIP code): 4620 S. Tripp Ave Chicago IL 60632	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 773-254-7460	12e. Cell No. 773-230-1307	12f. Fax No. 773-254-7111	12g. E-Mail Address bcrowley@teamsterslocal743.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: JOEL A. D'ALBA		13b. Address (street and number, city, State and ZIP code): 200 W. Jackson Blvd Suite 720 Chicago, Illinois 60606	
13c. Tel. No. 312-263-1500	13d. Cell No.	13e. Fax No. 312/263-1520	13f. E-Mail Address jad@ulaw.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Brendan J. Crowley	Signature 	Title Staff Attorney	Date 2/6/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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Attachment A

Included: All technical employees as defined under 29 CFR 103.30, (who are currently unrepresented), currently working at the employer's Hyde Park Campus.

Excluded: supervisory employees, temporary and casual employees, regular part-time employees normally working less than seventeen (17) hours and all other employees of the hospital.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

13-RC-256049

Date Filed

2/10/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer TZ Chicago LLC, d/b/a Teatro ZinZanni		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 14300 NE 145th St WA Woodinville 98072-	
3a. Employer Representative - Name and Title Annie Jamison		3b. Address (If same as 2b - state same) 14300 NE 145th St WA Woodinville 98072-	
3c. Tel. No. (206) 650-6316	3d. Cell No.	3e. Fax No.	3f. E-Mail Address annie@zinzanni.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Musical theater productions	
		5a. City and State where unit is located: Chicago, IL	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 10
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 07/11/2019 and Employer declined recognition on or about 07/15/2019 (Date) (If no reply received, so state). Yes
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): March 1, 2020	11c. Election Time(s): Any	11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11d. Election Location(s): Mail ballot		12a. Full Name of Petitioner (including local name and number) Terry Jares Chicago Federation of Musicians, Local 10-208 A.F.M.

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of Musicians

12d. Tel. No. (312) 782-0063	12e. Cell No.	12f. Fax No.	12g. E-Mail Address jares@cfm10208.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Kevin Case Case Arts Law LLC		13b. Address (street and number, city, state, and ZIP code) 53 W Jackson Blvd Suite 209 IL Chicago 60604-	
13c. Tel. No. (312) 234-9926	13d. Cell No. (312) 933-5108	13e. Fax No. (312) 962-4908	13f. E-Mail Address kcase@caseartslaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Kevin Case	Signature Kevin Case	Title	Date 02/10/2020 13:28:06
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 13-RC-256049	Date Filed 2/10/20

Employees Included

All musicians employed to play a musical instrument at a performance produced by the Employer

Employees Excluded

Non-instrumental stage performers, administrative staff, stage crew, production staff, box office employees, ushers, managerial employees

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

13-RC-256336

Date Filed

2/13/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Lydia Care center

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
13901 Lydia ave. Robbins Il. 60472

3a. Employer Representative - Name and Title:
Susan Simonsen

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.
708-385-8700

3d. Cell No.

3e. Fax No.
708-385-5642

3f. E-Mail Address
susansimonsen24@gmail.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Healthcare Facility

4b. Principal Product or Service
Nursing and Rehab

5a. City and State where unit is located:
Robbins, Illinois

5b. Description of Unit Involved:

Included:
Security Advocates, Safety Advocates, Smoking monitors
Excluded:

6a. Number of Employees in Unit:
16

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 02/05/20 and Employer declined recognition on or about (Date) 02/10/20 (If no reply received, so state).

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)
Service Employee International Union - HCII

8b. Address:
2229 S. Halsted, Chicago Il. 60604

8c. Tel. No.
312-980-9000

8d. Cell No.

8e. Fax No.
312-980-9092

8f. E-Mail Address
gwen.williams@seiuhcil.org

8g. Affiliation, if any:
AFL- CIO

8h. Date of Recognition or Certification
May 1, 2017

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) april 30, 2020

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Feb. 18, 2020

11c. Election Time(s):
7am - 9am and 2pm-4pm

11d. Election Location(s):
Lydia training room

12a. Full Name of Petitioner (including local name and number):
Service Employee International union - HCII

12b. Address (street and number, city, State and ZIP code):
2229 S. Halsted, Chicago Il. 60604

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
AFL-CIO

12d. Tel. No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Gwendolyn Williams - organizer

13b. Address (street and number, city, State and ZIP code):
2229 S. Halsted, Chicago Il. 60604

13c. Tel. No.
312-980-9000

13d. Cell No.
312-545-0368

13e. Fax No.
312-980-9092

13f. E-Mail Address
gwen.williams@seiuhcil.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Gwendolyn Williams

Signature

Gwendolyn Williams

Title
organizer

Date
02/10/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

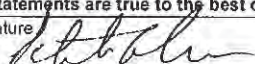
13-RC-256356

Date Filed

2/14/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Jones Lang LaSalle		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 200 E Randolph St, Floors 43-48, Chicago, IL 60601	
3a. Employer Representative - Name and Title: Julianna Poyotte, Facilities Manager, Midwest		3b. Address (if same as 2b - state same): 200 E Randolph St, Floors 43-48, Chicago, IL 60601	
3c. Tel. No. 240-695-3293	3d. Cell No.	3e. Fax No.	3f. E-Mail Address julianna.poyotte@am.jll.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Office		4b. Principal Product or Service Maintenance	5a. City and State where unit is located: Chicago, IL
5b. Description of Unit Involved: Included: All full-time and regular part-time skilled maintenance workers working for Jones Lang LaSalle on the WeWork account in Chicago and the vicinity. Excluded: Office clerical, professional employees, managers, guards and supervisors as defined by The Act.			6a. Number of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 03-03-2020	11c. Election Time(s): 12:00PM-1:00PM		11d. Election Location(s): 200 E Randolph
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 399		12b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, AFL-CIO			
12d. Tel. No. 312-372-9870	12e. Cell No.	12f. Fax No. 312-842-1565	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Pat O'Gorman, Organizer		13b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616	
13c. Tel. No. 312-980-6156	13d. Cell No. 773-502-7425	13e. Fax No. 312-842-1565	13f. E-Mail Address pogorman@iuoe399.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Pat O'Gorman	Signature 	Title Organizer	Date 02-14-20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)


PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-256669	Date Filed 2/20/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Lydia Care Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 13901 Lydia Ave., Robbins, IL 60472	
3a. Employer Representative - Name and Title Susan Simonsen		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 708-385-8700	3d. Cell No.	3e. Fax No. 708-385-5642	3f. E-Mail Address ssimonsen@lydiacares.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facility		4b. Principal product or service Nursing and Rehab	5a. City and State where unit is located: Robbins, Illinois
5b. Description of Unit Involved Included: security advocates a/k/a safety advocates a/k/a SAs, and smoking monitorr Excluded:			6a. No. of Employees in Unit: 16 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 02/05/20 and Employer declined recognition on or about 02/10/20 (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Service Employee Int'l Union - HCII		8b. Address 2229 S. Halsted, Chicago, IL 60608	
8c. Tel. No. 312-980-9000	8d. Cell No.	8e. Fax No. 312-980-9092	8f. E-Mail Address gwen.williams@seiuhcil.org
8g. Affiliation, if any Service Employees Int'l Union		8h. Date of Recognition or Certification May 1, 2017	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) April 31, 2020
9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 2, 2020	11c. Election Time(s): 7am-9am and 2pm-4pm	11d. Election Location(s): Lydia training room	
12a. Full Name of Petitioner (including local name and number) Service Employee Int'l Union - HCII		12b. Address (street and number, city, state, and ZIP code) 2229 S. Halsted, Chicago, IL 60608	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees Int'l Union			
12d. Tel. No. 312-980-9000	12e. Cell No.	12f. Fax No. 312-980-9092	12g. E-Mail Address gwen.williams@seiuhcil.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Josiah A. Groff, attorney		13b. Address (street and number, city, state, and ZIP code) 8 S. Michigan Ave., 19th Fl. Chicago, IL 60603	
13c. Tel. No. 312-372-1361	13d. Cell No.	13e. Fax No. 312-372-6599	13f. E-Mail Address JGroff@laboradvocates.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Josiah A. Groff	Signature 	Title attorney	Date 2/19/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 13-RC-256720

Date Filed
2/21/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Hyatt Place South		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5225 S Harper Ave, Chicago, IL 60615	
3a. Employer Representative - Name and Title: Leroy Brown, General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 773-752-5300	3d. Cell No.	3e. Fax No.	3f. E-Mail Address leroy.brown@hyatt.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel		4b. Principal Product or Service Maintenance	5a. City and State where unit is located: Chicago, IL
5b. Description of Unit Involved: Included: All full-time and regular part-time skilled maintenance workers working for the Olympia Companies at the Hyatt Place Chicago-South located at 5225 S Harper Ave, Chicago, IL 60615. Excluded: Office clerical, professional employees, managers, guards and supervisors as defined by The Act.			6a. Number of Employees in Unit: 2
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 03-06-2020		11c. Election Time(s): 12:00PM-12:30PM	
		11d. Election Location(s): Hyatt Place South	
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 399		12b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, AFL-CIO			
12d. Tel. No. 312-372-9870	12e. Cell No.	12f. Fax No. 312-842-1565	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Pat O'Gorman, Organizer		13b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616	
13c. Tel. No. 312-980-6156	13d. Cell No. 773-502-7425	13e. Fax No. 312-842-1565	13f. E-Mail Address pogorman@iuoe399.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Pat O'Gorman	Signature 	Title Organizer	Date 02/21/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

13-RC-256995

Date Filed

2/26/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Roseland Community Hospital	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 45 W 111th St, Chicago, IL 60628
3a. Employer Representative - Name and Title: Tim Egan, President/CEO	3b. Address (if same as 2b - state same): Same

3c. Tel. No. 773-995-3000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address tegan@roselandhospital.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) acute care health facility	4b. Principal Product or Service Healthcare	5a. City and State where unit is located: Chicago IL	
5b. Description of Unit Involved: Included: See attached Excluded: Registered Nurse supervisors & managers as defined by the NLRA		6a. Number of Employees in Unit: 100	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 and Employer declined recognition on or about (Date) no reply received (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): March 17, 2020	11c. Election Time(s): 6am-8am 5pm-8pm	11d. Election Location(s): Multipurpose room
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12a. Full Name of Petitioner (including local name and number): SEIU Healthcare Illinois & Indiana	12b. Address (street and number, city, State and ZIP code): 2229 S Halsted St Chicago IL 60608
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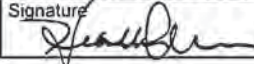
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Service Employees International Union

12d. Tel. No. 312-980-9000	12e. Cell No. 773-459-3108	12f. Fax No.	12g. E-Mail Address heather.mcnabola@seiuhcil.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: George Luscombe	13b. Address (street and number, city, State and ZIP code): 8 South Michigan Ave, 19th floor, Chicago IL 60603

13c. Tel. No. 312-372-1361	13d. Cell No.	13e. Fax No. 312-372-6599	13f. E-Mail Address gluscombe@laboradvocates.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Heather McNabola	Signature 	Title Field Director	Date 2/26/20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Description of Unit:

All full-time, part-time, and per-diem Registered Nurses (RNs) employed by Roseland Community Hospital at its hospital at 45 West 111th Street, Chicago, Illinois 60628, including, but not limited to, RN Case Managers, Wound Care RNs, Infection Control RNs, and Nurse Educators, excluding Registered Nurses employed as supervisors or managers as defined in the National Labor Relations Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **13-RC-257111** Date Filed **2/27/20**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Performing Arts at Metropolis, d/b/a Metropolis Performing Arts Centre		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 111 W. Campbell St. IL Arlington Heights 60005-	
3a. Employer Representative - Name and Title Brookes Ebetsch		3b. Address (If same as 2b - state same) 111 W. Campbell St. IL Arlington Heights 60005-	
3c. Tel. No. (847) 577-5982	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bebetsch@metropolisarts.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Entertainment venue	
		5a. City and State where unit is located: Arlington Heights, IL	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 2
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): March 20, 2020	11c. Election Time(s): 11:00 a.m.	11d. Election Location(s): Employer's facility
12a. Full Name of Petitioner (including local name and number) Craig Carlson Theatrical Stage Employees Union Local No. 2		12b. Address (street and number, city, state, and ZIP code) 216 S. Jefferson St., Ste. 400 IL Chicago 60601-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Alliance of Theatrical Stage Employees and Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories, and

12d. Tel. No. (312) 705-2020	12e. Cell No.	12f. Fax No. (312) 705-2011	12g. E-Mail Address ccarlson@iatselocal2.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title David Huffman-Gottschling Jacobs, Burns, Orlove & Hernandez		13b. Address (street and number, city, state, and ZIP code) 150 N. Michigan Ave., Ste. 1000 IL Chicago 60601-	
13c. Tel. No. (312) 327-3443	13d. Cell No.	13e. Fax No. (312) 726-3887	13f. E-Mail Address davidhg@jbosh.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David Huffman-Gottschling	Signature David Huffman-Gottschling	Title	Date 02/27/2020 15:51:05
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 13-RC-257111	Date Filed 2/27/20

Employees Included

All stagehands, including Master Electrician and Head of Sound

Employees Excluded

Office clerical employees and guards, professional employees and supervisors as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 13-RC-257168

Date Filed 2/28/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer North Shore Home Health		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4901 Searle Pkwy. Ste 160 IL Skokie 60076-	
3a. Employer Representative - Name and Title Julie Dayiantis		3b. Address (If same as 2b - state same) 4901 Searle Pkwy. Ste 160 IL Skokie 60076-	
3c. Tel. No. (847) 475-2001	3d. Cell No. (312) 498-0171	3e. Fax No. (847) 982-4284	3f. E-Mail Address jdayiantis@Northshore.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Home Nursing & therapy prescribed	
		5a. City and State where unit is located: Skokie, IL	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 75
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
 (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): Tues, 03-24-20	11c. Election Time(s): 7am-9am & 5pm-7pm	11d. Election Location(s): North Shore Home Health office located at 4901 Searle Pkwy, Skokie IL
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12a. Full Name of Petitioner (including local name and number) Abbey Davis AFSCME (American Federation of State, County, & Municipal Employees) Council 31	12b. Address (street and number, city, state, and ZIP code) 205 N Michigan Ave IL Chicago 60601-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
AFL-CIO

12d. Tel No. (312) 641-6060	12e. Cell No. (773) 744-6758	12f. Fax No. (312) 861-0979	12g. E-Mail Address adavis@afscme31.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Melissa Auerbach Attorney Dowd, Block, Bennett, Cervone, Auerbach & Wokich		13b. Address (street and number, city, state, and ZIP code) 8 S. Michigan Ave. 19th fl IL Chicago 60603-	
13c. Tel No. (312) 372-1361	13d. Cell No.	13e. Fax No. (312) 372-6599	13f. E-Mail Address mauerbach@laboradvocates.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Abbey Davis	Signature Abbey Davis	Title Organizing Director	Date 02/28/2020 11:25:09
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
13-RC-257168	2/28/20

Employees Included

Including: All full time, part time, resource & PRN Professional employees who work for North Shore Home Health Services out of the Searle location including the following titles: Registered Nurses, Physical Therapists, Occupational Therapists, Speech Therapists, & Medical Social Workers.

Employees Excluded

excluded: All confidential employees, supervisory employees, and managerial employees as defined in the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 13-RC-257174 Date Filed 2/28/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Chicago Marriott Suites O'Hare
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
6155 North River Road, Rosemont, IL 60018

3a. Employer Representative - Name and Title
Ed Brunt - General Manager
3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
847-685-6341
3d. Cell No.
3e. Fax No.
847-696-4425
3f. E-Mail Address
ed.brunt@marriott.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Hotel
4b. Principal product or service
Hospitality
5a. City and State where unit is located:
Rosemont, IL

5b. Description of Unit Involved

Included: All regular full-time and part-time cooks, prep cooks, dishwashers, restaurant servers, bartenders, bussers, hosts, bar-backs, banquet servers, bartenders.
Excluded: Managers, Chefs, Supervisors as defined by the Act, Housekeeping, Engineering, Front Desk, Night Auditors, PBX Operators

6a. No. of Employees in Unit:
30
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/26/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None
8b. Address

8c. Tel No.
8d. Cell No.
8e. Fax No.
8f. E-Mail Address

8g. Affiliation, if any
8h. Date of Recognition or Certification
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name
10b. Address
10c. Tel. No.
10d. Cell No.
10e. Fax No.
10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
3/13/2020
11c. Election Time(s):
8:30am - 10:00am & 2:00pm - 4:30pm
11d. Election Location(s):
Hotel

12a. Full Name of Petitioner (including local name and number)
UNITE HERE Local 450
12b. Address (street and number, city, state, and ZIP code)
7238 W. Roosevelt Road, Forest Park, IL 60130

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
UNITE HERE IU

12d. Tel No.
708-771-8700
12e. Cell No.
630-917-7056
12f. Fax No.
708-771-8988
12g. E-Mail Address
egarcia@unitehere450.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Alfonso Garcia - President
13b. Address (street and number, city, state, and ZIP code)
7238 W. Roosevelt Road, Forest Park, IL 60130

13c. Tel No.
708-771-8700
13d. Cell No.
630-917-7056
13e. Fax No.
708-771-8988
13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
ALFONSO GARCIA
Signature
Alfonso Garcia
Title
PRESIDENT
Date
2-28-2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-255703

Date Filed
February 4, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Meramec Instrument Transformer Co./Hubbell Power Systems, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1 Andrews Way
MO Cuba 65453

3a. Employer Representative - Name and Title

Wendy Nye

3b. Address (If same as 2b - state same)

1 Andrews Way
MO Cuba 65453

3c. Tel. No.

(573) 885-2521

3d. Cell No.

3e. Fax No.

(573) 885-2543

3f. E-Mail Address

wnye@hubbell.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Others

4b. Principal product or service

Manufacturing plant-instrument current transformers

5a. City and State where unit is located:

Cuba, MO

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
110

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
02/27/20 & 02/28/20

11c. Election Time(s):
3:30-5:30pm (27th) & 6:00-7:00pm (28th)

11d. Election Location(s):
Training room

12a. Full Name of Petitioner (including local name and number)

Philip Meyer
Local Union No. 2, International Brotherhood of Electrical Workers

12b. Address (street and number, city, state, and ZIP code)
2131 59th Street
MO St. Louis 63110

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Electrical Workers

12d. Tel No.

(314) 645-2236

12e. Cell No.

(417) 689-2837

12f. Fax No.

(314) 645-2228

12g. E-Mail Address

Phil_Meyer@ibew.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Amanda Hansen Attorney
Schuchat, Cook & Werner

13b. Address (street and number, city, state, and ZIP code)
1221 Locust Street, Suite 250
MO St. Louis 63103

13c. Tel No.

(314) 621-2626

13d. Cell No.

(314) 479-3399

13e. Fax No.

(314) 621-2378

13f. E-Mail Address

akh@schuchatcw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Amanda Hansen

Signature

Amanda K. Hansen

Title

Attorney

Date

02/4/2020 11:40:44

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All Full Time and Regular Part Time production, maintenance, janitorial and shipping employees employed by the Employer at its facility in Cuba, Missouri

Employees Excluded

Office clerical, professional employees, supervisors, guards as defined by the Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-255756Date Filed
2-5-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
AMC University Place 8

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
1370 E. Main Street, Carbondale, IL

3a. Employer Representative - Name and Title:
Ann Seiler, General Manager

3b. Address (if same as 2b - state same):
same

3c. Tel. No.
618-529-5156

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Movie Theater

4b. Principal Product or Service
Entertainment

5a. City and State where unit is located:

5b. Description of Unit Involved:
Included:

All full and part time employees, including Crew, Crew Leads and Bartenders

Excluded:

security guards and supervisors, as defined by the Act

6a. Number of Employees in Unit:

18

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ n/a and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating?

(Name of Labor Organization)

, has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

Tuesday, 2/18/20

11c. Election Time(s):

4:00pm to 6:00pm

11d. Election Location(s):

crewroom

12a. Full Name of Petitioner (including local name and number):

Local 881 United Food and Commercial Workers

12b. Address (street and number, city, State and ZIP code):

#1 Sunset Hills Executive Dr., Ste. 102, Edwardsville, IL 62025

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

United Food and Commercial Workers International Union, AFL-CIO, CLC

12d. Tel. No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:

Joseph C. Torres, Attorney

13b. Address (street and number, city, State and ZIP code):

221 N. LaSalle Street, Ste. 1550, Chicago, IL 60601

13c. Tel. No.

312-641-2910

13d. Cell No.

13e. Fax No.

312-641-0781

13f. E-Mail Address

Joe@Karmellawfirm.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Wesley Tartt

Signature



Title

Union Representative

Date

2/3/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

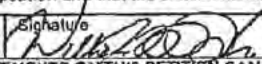
DO NOT WRITE IN THIS SPACE

Case No.
14-RC-255781

Date Filed
February 5, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Progress Rail Services		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 3901 Missouri Avenue, East St Louis, IL 62207	
3a. Employer Representative - Name and Title Auden Hinojosa, Plant Manager		3b. Address (if same as 2b - state same) SAME	
3c. Tel. No. (618) 875-7544	3d. Cell No. (508) 380-4248	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Railroad Parts	
		5a. City and State where unit is located: East St. Louis, IL	
5b. Description of Unit Involved Included: All full-time and regular part-time Production and Maintenance employees employed by the employer at their 3901 Missouri Ave, East St Louis, IL facility. Excluded: All other employees including engineers, office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act, as amended.			6a. No. of Employees in Unit: 25 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). Petition to serve as request. <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>NO</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		11b. Election Date(s): February 26, 2020	
11c. Election Time(s): 3:00 PM - 5:00 PM		11d. Election Location(s): Lunch Room	
12a. Full Name of Petitioner (Including local name and number) District Lodge 8, International Association of Machinists & Aerospace Workers AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists & Aerospace Workers AFL-CIO			
12d. Tel No. 815-280-6400	12e. Cell No. 815-214-4587	12f. Fax No. 815-280-8345	12g. E-Mail Address wlepinske@iamaw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding			
13a. Name and Title William J. Lepinske, Grand Lodge Representative		13b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
13c. Tel No. 815-280-6400	13d. Cell No. 815-214-4587	13e. Fax No. 815-280-8345	13f. E-Mail Address wlepinske@iamaw.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) William J. Lepinske	Signature 	Title Grand Lodge Representative	Date February 5, 2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


14-RC-255837

Date Filed

2/6/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Luxfer Graphic Arts		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1001 College Street Madison, IL 62060	
3a. Employer Representative - Name and Title: Peter Gibbons Vice President and General Manager		3b. Address (if same as 2b - state same): same as 2b	
3c. Tel. No. 618-452-5190	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Graphic arts/Magnesium sheet and plate		4b. Principal Product or Service	
5a. City and State where unit is located: Madison Illinois		5b. Number of Employees in Unit: approx. 70	
5b. Description of Unit involved: Included: Full time and Part time Production and Maintenance employees Excluded:		6a. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2-5-20 and Employer declined recognition on or about (Date) (if no reply received, so state) <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state): none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of Labor Organization) no strike has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (if none, so state) none			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: manual 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): within 28 days February 26th		11c. Election Time(s): shift changes 5am-9am + 1pm-5pm	
11d. Election Location(s): cafeteria-building one			
12a. Full Name of Petitioner (including total name and number): United Steel, Paper, and Forestry, Rubber, Manufacturing, Energy Allied Industrial and Service Workers International Union		12b. Address (street and number, city, State and ZIP code): 10 Central Industrial Drive Suite 4 Granite City, IL 62040	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): AFL-CIO-CLC			
12d. Tel. No. 618-452-1130	12e. Cell No. 618-972-8610	12f. Fax No. 618-452-5366	12g. E-Mail Address jchism@usw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jason Chism Staff Representative United Steelworkers		13b. Address (street and number, city, State and ZIP code): 10 Central Industrial Drive Suite 4 Granite City, IL 62040	
13c. Tel. No. 618-452-1130	13d. Cell No. 618-972-8610	13e. Fax No. 618-452-5366	13f. E-Mail Address jchism@usw
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print): Jason Chism		Signature: 	
Title: Staff Representative		Date: 2-5-20	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-256887

Date Filed

February 25, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Dillons Stores		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7707 E Central Ave KS Wichita 67206-	
3a. Employer Representative - Name and Title Scott Rigg		3b. Address (If same as 2b - state same) 2700 East 4th Ave KS Hutchinson 67501-	
3c. Tel. No. (620) 669-3387	3d. Cell No. (620) 966-4303	3e. Fax No. (620) 669-3167	3f. E-Mail Address scott.rigg@dillonstores.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Grocery)		4b. Principal product or service Grocery	
5a. City and State where unit is located: Wichita, KS			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 9
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): March 6, 2020	11c. Election Time(s): 11am- 5pm	11d. Election Location(s): Training room in the break area at this Dillons location.
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12a. Full Name of Petitioner (including local name and number)
Maricruz Cecena
UFCW District Local 2

12b. Address (street and number, city, state, and ZIP code)
3951 N Woodlawn Ct
KS Bel Aire 67220-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers International Union

12d. Tel No. (323) 203-6042	12e. Cell No. (323) 203-6042	12f. Fax No. (316) 941-4582	12g. E-Mail Address mccena@ufcw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Amanda Jaret Assistant General Counsel UFCW International Union	13b. Address (street and number, city, state, and ZIP code) 1775 K St NW DC Washington 20006-1598
13c. Tel No. (202) 466-1521	13d. Cell No. (202) 417-5665
13e. Fax No.	13f. E-Mail Address ajaret@ufcw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Maricruz Cecena	Signature Maricruz Cecena	Title International Representative	Date 02/24/2020 13:34:51
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All bistro employees in a self-determination election to determine whether they will be represented by the petitioner and join the existing meat, seafood, and deli bargaining unit represented by petitioner. (Armour Globe election)

Employees Excluded

All other department employees, guards, managers, and supervisors as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RD-256364

Date Filed

February 14, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Midwest Air Traffic Control Services Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7300 W. 129th Street KS Overland Park 66213-	
3a. Employer Representative - Name and Title Andrew Groth Director of North American Operations		3b. Address (If same as 2b - state same) 7300 W. 129th Street KS Overland Park 66213-	
3c. Tel. No. (913) 787-2085	3d. Cell No.	3e. Fax No.	3f. E-Mail Address andy.groth@midwestatcs.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services		4b. Principal product or service Air Traffic Control Services	
		5a. City and State where unit is located: Murphysboro, IL	

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 5
		6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent PATCO Gerald Tuso National Representative		8b. Address PO Box 1838 FL Perry 32348-	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address FPD@comcast.net
8g. Affiliation, if any FPD/AFSCME		8h. Date of Recognition or Certification 08/02/2002	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 09/30/2010	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): as soon as practical	11c. Election Time(s): Open	11d. Election Location(s): 556 N Airport Rd., Murphysboro, IL. 62966. Meeting room	

12a. Full Name of Petitioner (b) (6), (b) (7)(C)	12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)	

12d. Tel. No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title	Date 02/14/2020 07:43:17
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

Employees Included
All Full Time Line Air Traffic Controllers

Employees Excluded
All Maintenance, Supervisors, Manager

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
15-RC-257053

Date Filed
February 27, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Oswalt's Sewer Rooter & Plumbing Repair, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3050 Knolin Drive Ste 6 LA Bossier City 71112-	
3a. Employer Representative - Name and Title Brandon Oswalt		3b. Address (If same as 2b - state same)	
3c. Tel. No. (318) 453-5108	3d. Cell No. (318) 453-2032	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction Services		4b. Principal product or service plumbing services	
5a. City and State where unit is located: Bossier City, LA		6a. No. of Employees in Unit: 4	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 02/25/2020 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): March 19, 2020	11c. Election Time(s): 7:30 to 8:00 a.m.	11d. Election Location(s): 3050 Knolin Drive, Bossier City, LA
12a. Full Name of Petitioner (including local name and number) Francis J Martorana Plumbers & Steamfitters Local No. 141		12b. Address (street and number, city, state, and ZIP code) 7111 W. Bert Kouns Industrial Loop LA Shreveport 71128-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Association of Journeymen and Apprentices of the Plumbing & Pipe Fitting Industry of the United States and Canada

12d. Tel No. (318) 671-1175	12e. Cell No.	12f. Fax No. (318) 671-1179	12g. E-Mail Address lu141or@uanet.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Francis J Martorana Attorney O'Donoghue & O'Donoghue LLP		13b. Address (street and number, city, state, and ZIP code) 5301 Wisconsin Ave., NW Suite 800 DC Washington 20015-	
13c. Tel No. (202) 362-0041	13d. Cell No. (202) 669-0783	13e. Fax No. (202) 362-2640	13f. E-Mail Address fmartorana@odonoghuelaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Francis J Martorana	Signature Francis J. Martorana	Title Attorney	Date 02/26/2020 16:27:29
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No
15-RC-257099

Date Filed
February 27, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer DYNACORP INTERNATIONAL, LLC		2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) 22378 BILLIE BLACKMOM RD., ANDALUSIA, AL 36421	
3a. Employer Representative - Name and Title MARTY COOPER		3b. Parent Company Address (If same as 2b - state same) 1700 OLD MEADOW RD., MCLEAN, VA 22102	
3c. Tel. No. 334-343-5865	3d. Cell No.	3e. Fax No.	3f. E-Mail Address MARTY.COOPER@DYN-INTL.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) AIRCRAFT MAINTENANCE/REPAIR		4b. Principal product or service DEPOT AIRCRAFT MAINTENANCE/ SERVICE CONTRACT FOR US NAVY	
		5a. City and State where unit is located: ANADALUSIA, AL	

5b. Description of Unit Involved
Included:
ALL FULL AND REGULAR PART TIME AIRCRAFT TECHS, AVIONICS TECHS, PAINT TECHS, AND REPAIR & MAINTENANCE TECHS TO US NAVY AIRCRAFT AND AIRCRAFT COMPONENTS IN ANDALUSIA, AL.

Excluded:
OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.

6a. No. of Employees in Unit:

34

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:
☐ 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about _____ (date) (if no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). NONE		8b. Address N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any N/A		8h. Date of Recognition or Certification N/A	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) **NONE**

10a. Name N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): MARCH 24, 2020	11c. Election Time(s): 9:00 AM - 10:00 AM	11d. Election Location(s): HANGAR 2 BREAKROOM
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12a. Full Name of Petitioner (including local name and number) IAMAW, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011
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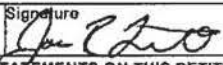
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO

12d. Tel. No. 817-505-0100	12e. Cell No.	12f. Fax No. 817-459-0107	12g. E-Mail Address
--------------------------------------	---------------	-------------------------------------	---------------------

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE		13b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011	
13c. Tel. No. 817-505-0100	13d. Cell No. 682-401-7835	13e. Fax No. 817-459-0107	13f. E-Mail Address JLITTLE@IAMAW.ORG

I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief.

Name (Print) JAMES R. LITTLE	Signature 	Title GRAND LODGE REPRESENTATIVE	DATE 02/27/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RD)
(2-19)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

15-RD-256450

Date Filed

2/18/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Calumet Packaging, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 10411 Highway 1, Shreveport, LA 71115	
3a. Employer Representative - Name and Title Adrien Lewis, Plant Manager		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. (318)795-3800 ext 2138	3d. Fax No. (318)795-3822	3e. Cell No. (318)364-9966	3f. E-Mail Address adrien.lewis@calumetpackaging.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Packaging		4b. Principal product or service Finished Lubes and Chemicals	
5a. Description of Unit Involved Included: Hourly employees including maintenance, production, blending, lab, inventory, quality and warehouse Excluded: Office Clericals, Supervisors and Managers			5b. City and State where unit is located: Shreveport, LA
6. No. of Employees in Unit 50	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent John D. Broussard		8b. Affiliation, if any United Steel Workers, Local 13-245-02	
8c. Address 333 Savannah Trace Ruston, LA 71270		8d. Tel. No. (225)291-8226	8e. Cell No. (615)585-0976
		8f. Fax No. (225)450-2520	8g. E-Mail Address (b) (6), (b) (7)(C)
9. Date of Recognition or Certification 02-15-2019		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) n/a.	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, or since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) March 2, 2020, March 3, 2020	13c. Election Time(s) 2 pm-4 pm, 11 pm-11:30 pm	13d. Election Location(s) Warehouse Breakroom	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any:			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)			

Data Filed

2/18/2020
N 1001)

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to involve its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 15-RM-256506	Date Filed February 18, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE – One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer/Petitioner Atchley Mechanical, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3100 Wheeler Avenue AR Fort Smith 72901-	
3a. Employer/Petitioner Representative – Name and Title Michael Atchley Owner		3b. Address (If same as 2b – state same) 3100 Wheeler Avenue AR Fort Smith 72901-	
3c. Tel. No. (479) 785-1111	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mike@atchleyair.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services		4b. Principal product or service Repair mechanical equipment	

5a. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	5b. City and State where unit is located Fort Smith, AR 6. No. of Employees in Unit 10
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Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

7a. <input type="checkbox"/> A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____
7b. <input checked="" type="checkbox"/> The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative

8a. Recognized or Certified Bargaining Agent – Name Jimmy Brewer UA Local 155	8b. Affiliation, if any Plumbers and Pipefitters, Local Union 155
8c. Address 1223 West Markham Street AR Little Rock 72201-	8d. Tel. No. (501) 374-4943 8e. Cell No. 8f. Fax No. (501) 374-6349 8g. E-Mail Address (b) (6), (b) (7)(C) ua155.org

9. Date of Recognition or Certification 06/06/2011	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 04/30/2020
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11. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____
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12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name and affiliation if any	12b. Address	12c. Tel. No.	12d. Cell No.
		12e. Fax No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
13b. Election Date(s): ?	13c. Election Time(s): ?
	13d. Election Location(s): 3100 Wheeler Avenue, Fort Smith, AR 72901 and Northwest Arkansas

14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title Joseph F. Gilker Attorney Gilker and Jones, P.A.	14b. Address (street and number, city, state, and ZIP code) 9222 North Highway 71 AR Mountainburg 72946-
14c. Tel No. (479) 369-4294	14d. Cell No.
	14e. Fax No.
	14f. E-Mail Address gilkerlaw@aol.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Joseph F. Gilker	Signature Joseph F. Gilker	Title Attorney	Date 02/14/2020 15:09:06
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included
All service workers

Employees Excluded
none


DO NOT WRITE IN THIS SPACE	
Case 15-RM-256506	Date Filed February 18, 2020

RECEIVED
NATIONAL LABOR
RELATIONS BOARD
2020 FEB 18 AM 9:27
REGION 15
NEW ORLEANS, LA 70130-3408

Case No
16-RC-255832Date Filed
2/6/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer: Moonstone LLC Barbershop		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 740 Avenue H Sheppard AFB, TX 76311 220 Community Center Dr Sheppard AFB, TX 76311	
3a. Employer Representative - Name and Title: Moon Stone- Owner Jonathan Mendez- Co-owner/General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 1-907-888-2009	3d. Cell No. 1-325-301-0123	3e. Fax No.	3f. E-Mail Address gaelthaiz@icloud.com 2993oiwr44umo@hpeprint.com
4a. Type of Establishment (Factory mine wholesaler etc.) Barbershop		4b. Principal Product or Service Haircare	
5b. Description of Unit Involved: Included: All full time and regular part time barbers and shop managers employed at these facilities. Excluded: All other employees, general/region manager, office clerical, and supervisors as defined in the act.		5a. City and State where unit is located: Wichita Falls, TX	
6a. Number of Employees in Unit: 11		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>2/05/2020</u> and Employer declined recognition on or about (Date) <u>N/A</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract if any (Month Day Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter state your position with respect to any such election		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s) 2/19/2020	11c. Election Time(s) 12PM- 2PM	11d. Election Location(s) Main Shop- 220 Community Center Dr Sheppard AFB, TX	
12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers Local 540		12b. Address (street and number, city, State and ZIP code): 17780 Preston Rd Dallas, TX 75252	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none so state): United Food & Commercial Workers International Union AFL-CIO, CLC			
12d. Tel. No. 214-328-3515	12e. Cell No. 214-519-3709	12f. Fax No. 214-327-6614	12g. E-Mail Address Gonzalo@ufcw540.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Gonzalo Reyes- Organizing Director		13b. Address (street and number city State and ZIP code): 17780 Preston Rd. Dallas, TX 75252	
13c. Tel. No. 214-328-3515	13d. Cell No. 214-519-3709	13e. Fax No. 214-327-6614	13f. E-Mail Address Gonzalo@ufcw540.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Gonzalo Reyes	Signature 	Title Organizing Director	Date 2/05/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

16-RC-256920

Date Filed

2/25/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Day & Zimmerman		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6322 North FM 56 TX Glen Rose 76043-	
3a. Employer Representative - Name and Title Kevin Crabtree		3b. Address (If same as 2b - state same) 6322 North FM 56 TX Glen Rose 76043-	
3c. Tel. No. (254) 897-5878	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kevin.crabtree@luminant.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Energy Industry Group		4b. Principal product or service Plant Maintenance	
4c. City and State where unit is located: Glen Rose, TX			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 63
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 03/11/2020	11c. Election Time(s): 4:00 pm to 5:00 pm	11d. Election Location(s): Building 32G Comanche Peak Site
12a. Full Name of Petitioner (including local name and number) Phyllis Goines International Brotherhood of Electrical Workers Local 220		12b. Address (street and number, city, state, and ZIP code) 2804 SE Loop 820 TX Fort Worth 76140-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Electrical Workers, AFL-CIO, CLC

12d. Tel No. (817) 551-1885	12e. Cell No.	12f. Fax No. (817) 551-3736	12g. E-Mail Address pgoiness@ibewlu220.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Michael A Murphy Counsel International Brotherhood of Electrical Workers, Local 220		13b. Address (street and number, city, state, and ZIP code) NE 17 Lake Cherokee TX Longview 75603-	
13c. Tel No. (512) 920-4114	13d. Cell No. (512) 920-4114	13e. Fax No.	13f. E-Mail Address michael_murphy@ibew.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Michael A Murphy	Signature Michael A Murphy	Title Counsel	Date 02/25/2020 13:12:23
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ATTACHMENT A

Included: All full time and regular part time employees employed by the employer at Comanche Peak in the following departments: Decon, Electrical, Insulator/Scaffold, Lake, Mechanic, Mechanical, Operations, Paint, Radiation Detection, Scaffold, Site Facilities, and Utility.

Excluded: All other employees, including office, clerical, Document Control Center, Mailroom, Planning, Guards, and Supervisors within the meaning of the National Labor Relations Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
16-RC-256972

Date Filed
2/26/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Johnson Controls, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
5692 FM 1346, San Antonio, Texas 78220

3a. Employer Representative - Name and Title
Gwen Gaal, Plant Manager

3b. Address (If same as 2b - state same)
same as above

3c. Tel. No.
210-622-5700

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Factory

4b. Principal product or service
HVAC Chillers

5a. City and State where unit is located:
San Antonio, Texas

5b. Description of Unit Involved

Included: All production and maintenance employees employed by the Employer.

Excluded: All other employees, office clericals, guards, and supervisors, as defined in the Act.

6a. No. of Employees in Unit:
118

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? _____

(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name
none

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Thursday, March 26, 2020

11c. Election Time(s):
1:30 p.m. to 5:30 p.m.

11d. Election Location(s):
Main lunch room in white building

12a. Full Name of Petitioner (including local name and number)
SMART-Southwest Gulf Coast Regional Council

12b. Address (street and number, city, state, and ZIP code)
7551 Callaghan Rd, STE 320, San Antonio TX 78229

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Sheet Metal, Air, Rail & Transportation Workers, AFL-CIO and CLC

12d. Tel No.
210-202-3335

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
bkenyon@smart-swgcrc.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Patrick M. Flynn, Attorney

13b. Address (street and number, city, state, and ZIP code)
1225 North Loop West, Suite 1000, Houston, Texas 77008-1775

13c. Tel No.
713-861-6163

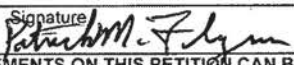
13d. Cell No.

13e. Fax No.
713-961-5566

13f. E-Mail Address
pat@pmfpc.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Patrick M. Flynn

Signature


Title
Attorney

Date
2/25/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No


16-RC-257188

Date Filed

2/28/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Don Miguel Mexican Food, MegaMex- Hormel		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 9650 Chartwell Drive Dallas, TX 75243	
3a. Employer Representative - Name and Title: Ryan Gaynor/General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 214-221-7936	3d. Cell No.	3e. Fax No. 214-221-9165	3f. E-Mail Address
4a. Type of Establishment (Factory mine wholesaler etc.) Production Facility		4b. Principal Product or Service Produce Mexican food items	5a. City and State where unit is located: Dallas, TX
5b. Description of Unit Involved: Included: All full time and regular part time employees at the facilities, production, line leads, QA's, maintenance, warehouse, shipping and receiving. Excluded: All other employees, part-time employees, guards, office clerical, and supervisors as defined in the act.			6a. Number of Employees in Unit: 500
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2/28/2020 and Employer declined recognition on or about (Date) N/A (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract if any (Month Day Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and election in this matter state your position with respect to any such election			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s) 3/23/2020		11c. Election Time(s) 8:00AM- 11:00AM and 5:30PM- 8:30PM	
11d. Election Location(s) Employee breakroom			
12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers Local 540		12b. Address (street and number, city, State and ZIP code): 17780 Preston Rd Dallas, TX 75252	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none so state): United Food & Commercial Workers International Union AFL-CIO, CLC			
12d. Tel. No. 214-328-3515	12e. Cell No. 214-519-3709	12f. Fax No. 214-327-6614	12g. E-Mail Address Gonzalo@ufcw540.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Gonzalo Reyes- Organizing Director		13b. Address (street and number city State and ZIP code): 17780 Preston Rd. Dallas, TX 75252	
13c. Tel. No. 214-328-3515	13d. Cell No. 214-519-3709	13e. Fax No. 214-327-6614	13f. E-Mail Address Gonzalo@ufcw540.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Gonzalo Reyes		Signature 	Title Organizing Director
			Date 2/28/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 18-RC-255876

Date Filed
February 06, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
G&K Services Linen Division, d/b/a Cintas

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
621 Olson Memorial Hwy., Minneapolis, MN 55405

3a. Employer Representative - Name and Title
Dan Paulson

3b. Address (If same as 2b - state same)
same

3c. Tel. No.
612-287-6615

3d. Cell No.

3e. Fax No.
612-333-2319

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Industrial Linen Laundry

4b. Principal product or service
Laundry of linens

5a. City and State where unit is located:
Minneapolis, MN

5b. Description of Unit Involved

Included: FT and PT production workers

Excluded: Management, Supervisors, Sales and Clerical

6a. No. of Employees in Unit:
44

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ **7a. Request for recognition as Bargaining Representative was made on (Date)** _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☒ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
Chicago and Midwest Regional Joint Board - Workers United

8b. Address
333 S. Ashland Ave., Chicago, IL 60607

8c. Tel No.
312-738-6100

8d. Cell No.

8e. Fax No.
312-738-9985

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
03/31/2020

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):
Lunchroom at 621 Olson Memorial Hwy.

12a. Full Name of Petitioner (including local name and number)
Local 150 - Chicago and Midwest Regional Joint Board

12b. Address (street and number, city, state, and ZIP code)
333 S. Ashland Ave., Chicago, IL 60607

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Workers United

12d. Tel No.
312-738-6100

12e. Cell No.
773-988-2475

12f. Fax No.
312-738-9985

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title David P. Lichtman, Attorney

13b. Address (street and number, city, state, and ZIP code)
8 S. Michigan Avenue, 19th Floor, Chicago, IL 60603

13c. Tel No.
(312) 372-1361

13d. Cell No.

13e. Fax No.
(312) 372-6599

13f. E-Mail Address
dlichtman@laboradvocates.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
David P. Lichtman

Signature

Title
Attorney

Date
02/06/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

18-RC-255877

Date Filed

February 06, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
G&K Services Industrial Division, d/b/a Cintas

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2108 N. Washington Avenue, Minneapolis, MN 55411

3a. Employer Representative - Name and Title
Dan Farley

3b. Address (If same as 2b - state same)
same

3c. Tel. No.
612-638-2501

3d. Cell No.

3e. Fax No.
612-521-8271

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Industrial Laundry

4b. Principal product or service
Laundry

5a. City and State where unit is located:
Minneapolis, MN

5b. Description of Unit Involved

Included: FT and PT production workers

Excluded: Management, Supervisors, Sales and Clerical

6a. No. of Employees in Unit:
44

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
Chicago and Midwest Regional Joint Board - Workers United

8b. Address
333 S. Ashland Ave., Chicago, IL 60607

8c. Tel No.
312-738-6100

8d. Cell No.

8e. Fax No.
312-738-9985

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
03/31/2020

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):
Lunchroom at 2108 N. Washington Avenue, Minneapolis, MN 55411

12a. Full Name of Petitioner (including local name and number)
Local 150 - Chicago and Midwest Regional Joint Board

12b. Address (street and number, city, state, and ZIP code)
333 S. Ashland Ave., Chicago, IL 60607

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Workers United

12d. Tel No.
312-738-6100

12e. Cell No.
773-988-2475

12f. Fax No.
312-738-9985

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title David P. Lichtman, Attorney

13b. Address (street and number, city, state, and ZIP code)
8 S. Michigan Avenue, 19th Floor, Chicago, IL 60603

13c. Tel No.
(312) 372-1361

13d. Cell No.

13e. Fax No.
(312) 372-6599

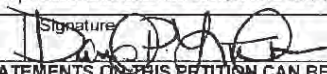
13f. E-Mail Address
dlichtman@laboradvocates.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

David P. Lichtman

Signature



Title

Attorney

Date

02/06/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

18-RC-256375

Date Filed

Feb. 14, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Eureka Recycling		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2828 Kennedy St. NE, Minneapolis MN 55413	
3a. Employer Representative - Name and Title: Kris Foner		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. 612-669-2783	3d. Cell No. 612-455-9135	3e. Fax No.	3f. E-Mail Address krisf@eurekarecycling.org
-------------------------------------	-------------------------------------	--------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Recycling	4b. Principal Product or Service Recycling	5a. City and State where unit is located: Minneapolis MN
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5b. Description of Unit Involved: Included: All full-time and regular part-time transfer drivers employed by the employer out of its Minneapolis Minnesota facility Excluded: excluding all other employees, office employees, managers, guards and supervisors as defined by the act.	6a. Number of Employees in Unit: 3 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Check One: ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).**
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)	8b. Address:
---	---------------------

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
---------------------------------	---	--

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: Requesting expedited election ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 02/27/2020	11c. Election Time(s): 7:00am-7:15am	11d. Election Location(s): Employee Breakroom
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12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 120	12b. Address (street and number, city, State and ZIP code): 9422 Ulysses St. NE Blaine MN 55434
--	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters Local 120

12d. Tel. No. 763-267-6120	12e. Cell No. 651-343-1714	12f. Fax No. 763-267-6121	12g. E-Mail Address pslattery@teamsterslocal120.org
--------------------------------------	--------------------------------------	-------------------------------------	---

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Paul Slattery-Organizer	13b. Address (street and number, city, State and ZIP code): 9422 Ulysses St. NE Blaine MN

13c. Tel. No. 763-267-6120	13d. Cell No. 651-343-1714	13e. Fax No. 763-267-6121	13f. E Mail Address pslattery@teamsterslocal120.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Paul Slattery	Signature 	Title Organizer	Date 2/13/2020
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	18-RC-256880	Date Filed	February 25, 2020
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Aspirus Ironwood Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 10561 Grandview Lane MI Ironwood 49938-	
3a. Employer Representative - Name and Title Paula Chermiside		3b. Address (If same as 2b - state same) 10561 Grandview Lane MI Ironwood 49938-	
3c. Tel. No. (906) 932-2525	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities		4b. Principal product or service Healthcare	
5a. City and State where unit is located: Ironwood, MI			5b. Description of Unit Involved
Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 15 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Michigan AFSCME Council 25 Nora Grambau		8b. Address 1034 N. Washington MI Lansing 48906-	
8c. Tel No. (517) 487-5081	8d. Cell No.	8e. Fax No.	8f. E-Mail Address ngrambau@miafscme.org
8g. Affiliation, if any AFL-CIO		8h. Date of Recognition or Certification 08/02/2020	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
 (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 03/05/2020	11c. Election Time(s): 9 am	11d. Election Location(s): Mail Ballot to Employees Homes
12a. Full Name of Petitioner (including local name and number) Reno Thompson Michigan AFSCME Council 25, Local 992.10, AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 7700 Second Ave. Suite #314 MI Detroit 48202-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
AFSCME International

12d. Tel No. (313) 964-1711	12e. Cell No.	12f. Fax No.	12g. E-Mail Address rthompson@miafscme.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Reno Thompson	Signature Reno Thompson	Title Organizer	Date 02/24/2020 17:34:54
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 18-RC-256880	Date Filed February 25, 2020

Employees Included

Radiology Technologist/CT, Echo Technologist, Nuclear Medicine Technologist, X-ray/CT Technologist, Radiographer and Radiologic Technologist.

Employees Excluded

Doctors, registered nurses, paramedical employees registered with an appropriate professional or technical society, temporary employees working under a handicapped worker's certificate issued by the U.S. Department of Labor, secretaries to executive offices, supervisors, managers, department heads, executives and all others defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-256986	Date Filed February 26, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer River Market Community Co-op		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 221 Main St N, Stillwater, MN 55082	
3a. Employer Representative - Name and Title Sara Morrison, Interim General Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 651-439-0366	3d. Cell No.	3e. Fax No. 651-439-9389	3f. E-Mail Address gm@rivermarket.coop
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail		4b. Principal product or service Groceries	
4c. City and State where unit is located: Northfield, MN		5a. City and State where unit is located: Northfield, MN	
5b. Description of Unit Involved Included: All full and part time employees in the front end, grocery, HBC, deli, produce, pricing and maintenance Excluded: All department managers, assistant department managers, HR, accounting, marketing and all other managers as defined by the Act.			6a. No. of Employees in Unit: 39 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **2/26/20** and Employer declined recognition on or about (Date) (If no reply received, so state). **None**
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): **3/26/20** 11c. Election Time(s): **10-11:30am and 4-5:30pm** 11d. Election Location(s): **Break Room**

12a. Full Name of Petitioner (including local name and number)
United Food and Commercial Workers Union Local 1189 12b. Address (street and number, city, state, and ZIP code)
266 Hardman Ave, South St. Paul, MN 55075


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers International Union

12d. Tel. No. 651-402-7925	12e. Cell No. 651-402-7925	12f. Fax No. 651-451-8227	12g. E-Mail Address dtastad@ufcw1189.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Diana Tastad-Damer, Organizer		13b. Address (street and number, city, state, and ZIP code) 266 Hardman Ave, South St. Paul, MN 55075	
13c. Tel. No. 651-402-7925	13d. Cell No. 651-402-7925	13e. Fax No. 651-451-8227	13f. E-Mail Address dtastad@ufcw1189.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Diana Tastad-Damer	Signature 	Title Organizer	Date 2/26/20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

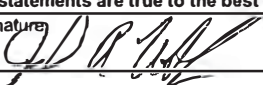
18-RC-256993

Date Filed

2/27/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Go Riteway Transportation Group		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6242 N. 64th. St. Milwaukee, Wi. 53218	
3a. Employer Representative - Name and Title: Leslie Edwards, Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 414 226 5481	3d. Cell No. N/A	3e. Fax No. N/A	3f. E-Mail Address N/A
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Private Transportation Provider		4b. Principal Product or Service Bus Service	5a. City and State where unit is located: Milwaukee, Wisconsin
5b. Description of Unit Involved: Included: All Full-Time and regular part time employee Mechanics and Mechanic Helpers Excluded: All other employees, supervisors, and guards covered by the Act.			6a. Number of Employees in Unit: Five (5) 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ By this petition and Employer declined recognition (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address: N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any: N/A		8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? N/A (Name of Labor Organization) N/A, has picketed the Employer since (Month, Day, Year) N/A			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): March 12, 2020		11c. Election Time(s): 0430-0500, 0830-0900	
11d. Election Location(s): Kitchen / Breakroom			
12a. Full Name of Petitioner (including local name and number): Jared A. Wolski		12b. Address (street and number, city, State and ZIP code): 6200 W. Bluemound Rd. Milwaukee, Wi. 53213	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters General Local Union No. 200			
12d. Tel. No. 414 771 6363	12e. Cell No. N/A	12f. Fax No. 414 771 5850	12g. E-Mail Address jwolski@teamsterslocal200.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Tim Pinter, President		13b. Address (street and number, city, State and ZIP code): 6200 W. Bluemound Rd. Milwaukee, Wi. 53213	
13c. Tel. No. 414 771 6363	13d. Cell No. N/A	13e. Fax No. 414 771 5850	13f. E-Mail Address tpinter@teamsterslocal200.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Jared A. Wolski	Signature 		Title Business Representative
			Date 02-26-020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

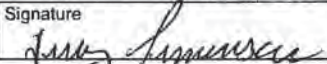
18-RC-257016

Date Filed

2/27/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Imperial Dade		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2200 Dekoven Ave., Racine, Wi. 53403	
3a. Employer Representative - Name and Title: Bill Kuzia, V.P. Finance & Operations		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 262 638 2200	3d. Cell No. N/A	3e. Fax No. 262 638 2217	3f. E-Mail Address bkuzia@imperialdade.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Distribution, Service		4b. Principal Product or Service Supply chain, maintenance	5a. City and State where unit is located: Racine, Wisconsin
5b. Description of Unit Involved: Included: All full-time and regular part-time employee Service Technicians Excluded: All other employees, guards, and supervisors covered by the Act.			6a. Number of Employees in Unit: Two (2) 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>By this petition</u> and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address: N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any: N/A		8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, approximately how many employees are participating? N/A (Name of Labor Organization) N/A, has picketed the Employer since (Month, Day, Year) N/A			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): March 10, 2020		11c. Election Time(s): 0730-0800	
11d. Election Location(s): Conference Room			
12a. Full Name of Petitioner (including local name and number): Terry Simenson		12b. Address (street and number, city, State and ZIP code): 6200 W. Bluemound Rd. Milwaukee, WI 53213	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters Local Union No. 200			
12d. Tel. No. 414 771 6363	12e. Cell No. N/A	12f. Fax No. 414 771 5850	12g. E-Mail Address tsimenson@teamsterslocal200.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Tim Pinter, President		13b. Address (street and number, city, State and ZIP code): 6200 W. Bluemound Rd. Milwaukee, Wi. 53213	
13c. Tel. No. 414 771 6363	13d. Cell No. N/A	13e. Fax No. 414 771 5850	13f. E-Mail Address tpinter@teamsterslocal200.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Terry Simenson	Signature 	Title Business Representative	Date 02-26-020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

18-RC-257127

Date Filed

2/28/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Milwaukee Repertory Theater, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 108 E. Wells St. WI Milwaukee 53202-	
3a. Employer Representative - Name and Title Chad Bauman		3b. Address (If same as 2b - state same) 108 E. Wells St. WI Milwaukee 53202-	
3c. Tel. No. (414) 224-1761	3d. Cell No.	3e. Fax No.	3f. E-Mail Address cbauman@milwaukeeerrep.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Theatrical productions	
		5a. City and State where unit is located: Milwaukee, WI	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 6
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Milwaukee Theatrical Stage Employees Union, Local 18 (of existing stagehand unit, which		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any IATSE		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): March 20, 2020	11c. Election Time(s): 11:00 a.m.	11d. Election Location(s): Employer's facility
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12a. Full Name of Petitioner (including local name and number) Craig Carlson Milwaukee Theatrical Stage Employees Union, Local 18	12b. Address (street and number, city, state, and ZIP code) 1110 N. Old World Third St., Ste. 650 WI Milwaukee 53202-
--	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada

12d. Tel No. (414) 272-3540	12e. Cell No.	12f. Fax No. (414) 272-3592	12g. E-Mail Address ccarlson@iatselocal2.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title David Huffman-Gottschling Attorney Jacobs, Burns, Orlove & Hernandez		13b. Address (street and number, city, state, and ZIP code) 150 N. Michigan Ave., Ste. 1000 IL Chicago 60601-	
13c. Tel No. (312) 327-3443	13d. Cell No.	13e. Fax No. (312) 726-3887	13f. E-Mail Address davidhg@jbosh.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David Huffman-Gottschling	Signature David Huffman-Gottschling	Title Attorney	Date 02/28/2020 09:43:35
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
18-RC-257127	2/28/2020

Employees Included
All employees in the Properties Department

Employees Excluded
Office clerical employees and guards, professional employees and supervisors as defined in the Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

18-RD-256749

Date Filed

Feb. 21, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Harvey Vogel Manufacturing Co.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 425 Weir Drive, #1200, Woodbury MN	
3a. Employer Representative - Name and Title Donna Winter		3b. Address (If same as 2b - state same)	
3c. Tel. No. 651-739-7373	3d. Fax No. 651-739-0403	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Metal Stamping	
5a. Description of Unit Involved Included: All Production, Maintenance employees, and Tool and Die Makers Excluded: Office, clerical help, supervisory employees, guards and professional employees as defined by the NLRA			5b. City and State where unit is located: Woodbury, MN

6. No. of Employees in Unit 162 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent District Lodge No. 77 of IAMAW		8b. Affiliation, if any	
8c. Address 1010 Hwy 96E Vadnais Heights, MN		8d. Tel. No. 651-645-7261	8e. Cell No.
		8f. Fax No. 651-645-7765	8g. E-Mail Address

9. Date of Recognition or Certification	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) April 30, 2020
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)	

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		
13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)

14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Sig (b) (6), (b) (7)(C)	Title	Date Filed 2/21/2020
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S ON UNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-255866Date Filed
2/6/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Farmers Brothers Coffee

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
2301 S 18th St, Yakima WA 98903

3a. Employer Representative - Name and Title:

3b. Address (if same as 2b - state same):
same

3c. Tel. No.
509.457.6031

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Full Service Beverage Provider

4b. Principal Product or Service
Coffee distributor

5a. City and State where unit is located:
Yakima WA

5b. Description of Unit Involved:

Included:

Delivery drivers and maintenance

Excluded:

Management and confidential employees

6a. Number of Employees in Unit:
7

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)
Teamsters Local Union 760

Bob Koerner

8b. Address:
1211 W Lincoln Ave, Yakima WA 98902

8c. Tel. No.
509.452.7194

8d. Cell No.

8e. Fax No.
509.452.7354

8f. E-Mail Address
union@teamsters760.org

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:

☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):
Teamsters Local Union 760

Bob Koerner

12b. Address (street and number, city, State and ZIP code):
1211 W Lincoln Ave, Yakima WA 98902

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters

12d. Tel. No.
202.624.6800

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:

Bob Koerner, Business Representative

13b. Address (street and number, city, State and ZIP code):
1211 W Lincoln Ave, Yakima WA 98902

13c. Tel. No.
509.452.7194

13d. Cell No.
509.949.2477

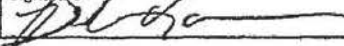
13e. Fax No.
509.452.7354

13f. E-Mail Address
bob@teamsters760.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Bob Koerner

Signature



Title

Business Representative

Date

2.5.2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION**DO NOT WRITE IN THIS SPACE**

Case No.

19-RC-256228

Date Filed

2/12/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer: Janus Youth Programs		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Porch Light Crisis Shelter, 1635 SW Alder Street, Portland, OR 97205	
3a. Employer Representative - Name and Title: Mark Augustin, HR Director		3b. Address (if same as 2b - state same): 707 NE Couch Street, Portland, OR 97232	
3c. Tel. No. 503-542-4609	3d. Cell No. 503-484-0128	3e. Fax No. 503-233-6093	3f. E-Mail Address maugustin@janusyouth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) NFP helping homeless and at-risk youth		4b. Principal Product or Service Support for homeless youth	5a. City and State where unit is located: Portland, OR
5b. Description of Unit Involved: Included: All care and support employees at the 1635 SW Alder Street facility Excluded: All others, including managers, supervisors, and guards as defined by the Act			6a. Number of Employees in Unit: 15
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): ASAP	11c. Election Time(s):	11d. Election Location(s): On site	
12a. Full Name of Petitioner (including local name and number): American Federation of State, County, and Municipal Employees Council 75		12b. Address (street and number, city, State and ZIP code): 6025 East Burnside, Portland, OR 97215	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County, and Municipal Employees, AFL-CIO			
12d. Tel. No. 503-239-9858	12e. Cell No.	12f. Fax No. 503-239-9441	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Noah Warman, attorney, Tedesco Law Group		13b. Address (street and number, city, State and ZIP code): 1316 NE Broadway Street, Suite A, Portland, OR 97232	
13c. Tel. No. 503-453-0146	13d. Cell No.	13e. Fax No.	13f. E-Mail Address noah@tlglabor.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Noah Warman	Signature /s/Noah Warman	Title Attorney for Petitioner	Date 02/12/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-256303

Date Filed

2/13/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer WE Given Contracting Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 13651 SE Ambler Rd OR Clackamas 97015-	
3a. Employer Representative - Name and Title Patricia Glen		3b. Address (If same as 2b - state same) 13651 SE Ambler Rd OR Clackamas 97015-	
3c. Tel. No. (503) 655-3662	3d. Cell No.	3e. Fax No.	3f. E-Mail Address pat@givencontracting.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction		4b. Principal product or service Painting	
5a. City and State where unit is located: Clackamas, OR			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 10
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 03/05/20	11c. Election Time(s): 8 am	11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail
11d. Election Location(s): The Employer's Clackamas facility		12b. Address (street and number, city, state, and ZIP code) 11105 NE Sandy Blvd OR Portland 97220-

12a. Full Name of Petitioner (including local name and number)
Scott Oldham
International Union of Painters and Allied Trades, District Council 5

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Painters and Allied Trades			
12d. Tel No. (503) 257-6644	12e. Cell No.	12f. Fax No.	12g. E-Mail Address scotto@iupatdc5.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Daniel Hutzenbiler McKanna Bishop Joffe		13b. Address (street and number, city, state, and ZIP code) 1635 NW Johnson St OR Portland 97209-	
13c. Tel No. (503) 226-6111	13d. Cell No.	13e. Fax No.	13f. E-Mail Address dhutzenbiler@mbjlaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Daniel Hutzenbiler	Signature Daniel Hutzenbiler	Title	Date 02/13/2020 12:20:48
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 19-RC-256303	Date Filed 2/13/2020

Employees Included

All full-time and regular part time painters.

Employees Excluded

All other employees, guards, and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-256315

Date Filed

2/13/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer JL Properties, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 455 3rd Avenue AK Fairbanks 99701-	
3a. Employer Representative - Name and Title Levi Kincaid		3b. Address (If same as 2b - state same) 813 D St, Suite 200 AK Anchorage 99501-	
3c. Tel. No. (907) 279-8025	3d. Cell No.	3e. Fax No. (907) 279-8066	3f. E-Mail Address lkincaid@jlproperties.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Real Estate Operations		4b. Principal product or service Real estate & maintenance	
		5a. City and State where unit is located: Fairbanks, AK	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 14
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/07/2020 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): March 6, 2020 or as soon as possible	11c. Election Time(s): 4:30 p.m. - 5:30 p.m.	11d. Election Location(s): JL Properties Maintenance Shop at Jillian Square Apartments, 3000 Davis Road AK Fairbanks 99709-
12a. Full Name of Petitioner (including local name and number) John Corbett Laborers' Local 942		12b. Address (street and number, city, state, and ZIP code) 2470 Davis Road AK Fairbanks 99709-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Laborers' International Union of North America

12d. Tel No. (907) 456-4584	12e. Cell No. (907) 378-1710	12f. Fax No. (907) 452-6285	12g. E-Mail Address jcorbett@local942.net
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Khalial Withen General Counsel Alaska District Council of Laborers		13b. Address (street and number, city, state, and ZIP code) 2501 Commercial Dr. AK Anchorage 99501-	
13c. Tel No. (907) 276-1640	13d. Cell No. (907) 341-7295	13e. Fax No. (907) 274-7289	13f. E-Mail Address kwithen@alaskalaborers.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Khalial Withen	Signature Khalial Withen	Title General Counsel	Date 02/13/2020 10:15:07
---------------------------------------	------------------------------------	---------------------------------	------------------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 19-RC-256315	Date Filed 2/13/2020

Employees Included

All maintenance employees employed by JL Properties, Inc. in Fairbanks, Alaska

Employees Excluded

All other employees, confidential employees, clerical employees, and guards and supervisors as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-256360

Date Filed
2/13/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Fresenius Kidney Care		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3745 Harrison Ave. Ste D MT Butte 59701-	
3a. Employer Representative - Name and Title Susan Englert		3b. Address (if same as 2b - state same) 3100 Great Northern Ave. MT Missoula 59808-	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address susan.englert@fmc-na.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Kidney Dialysis	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Butte, MT 6a. No. of Employees in Unit: 6 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 01/22/2020 and Employer declined recognition on or about _____ (Date) (if no reply received, so state). No reply received
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	

11b. Election Date(s): February 25, 26
11c. Election Time(s): 8am - 5pm
11d. Election Location(s): Butte - Fresenius

12a. Full Name of Petitioner (including local name and number)
Erin Foley
Teamsters Local Union No. 2
12b. Address (street and number, city, state, and ZIP code)
3345 Harrison Ave.
MT Butte 59701-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (406) 533-5528	12e. Cell No. (406) 533-5528	12f. Fax No. (406) 494-4430	12g. E-Mail Address erin.foley@teamsterslocal2.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Erin Foley	Signature Erin Foley	Title Secretary Treasurer	Date 02/13/2020 13:50:54
-----------------------------------	--------------------------------	-------------------------------------	------------------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included
L.P.N and Patient Care Technicians

Employees Excluded
Management

DO NOT WRITE IN THIS SPACE	
Case 19-RC-256360	Date Filed 2/13/2020

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-256385

Date Filed

2/14/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer: Fresenius Kidney Care Butte/Bozeman		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3745 Harrison Ave., Ste. D, Butte, MT 59701 937 Highland Blvd., Ste. 5100, Bozeman, MT 59715	
3a. Employer Representative - Name and Title: Susan Englert		3b. Address (if same as 2b - state same): 3100 Great Northern Ave. Missoula, MT 59808	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address susan.englert@fmc-na.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal Product or Service Kidney Dialysis	5a. City and State where unit is located: Butte and Bozeman Montana
5b. Description of Unit Involved: Included: L.P.N and Patient Care Technicians Excluded: Management			6a. Number of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 01/22/2020 and Employer declined recognition on or about (Date) No reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): February 27		11c. Election Time(s): 8am - 10am , 2pm-3pm	11d. Election Location(s): one time in Butte other time for Bozeman
12a. Full Name of Petitioner (including local name and number): Erin Foley		12b. Address (street and number, city, State and ZIP code): 3346 Harrison Ave. Butte, MT 59701	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 406-533-5528	12e. Cell No. 406-533-5528	12f. Fax No. 406-494-4430	12g. E-Mail Address erin.foley@teamsterslocal2.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title:		13b. Address (street and number, city, State and ZIP code):	
13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Erin Foley		Signature Erin Foley	Title Secretary Treasurer
			Date 02/14/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-256439

Date Filed

2/18/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Peacehealth Sacred Heart Medical Center at Riverbend and University

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
3333 Riverbend Dr.
OR Springfield 97477-

3a. Employer Representative - Name and Title

Craig Armstrong

3b. Address (If same as 2b - state same)

1115 SE 164th Avenue
WA Vancouver 98683-

3c. Tel. No.

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Healthcare

4b. Principal product or service

5a. City and State where unit is located:
Springfield, OR

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
10

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
3/5/2020

11c. Election Time(s):
7-9 am, 4-6 pm

11d. Election Location(s):
TBD

12a. Full Name of Petitioner (including local name and number)

Thomas Doyle
Oregon Nurses Association

12b. Address (street and number, city, state, and ZIP code)
18765 SW Boones Ferry Road
OR Tualatin 97062-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of Teachers

12d. Tel No.

(503) 333-5975

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
doylet@bennethartman.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

Thomas Doyle Attorney
Bennett Hartman Morris and Kaplan

13b. Address (street and number, city, state, and ZIP code)

210 SW Morrison Street
OR Portland 97204-

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
tom@bennethartman.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Thomas Doyle

Signature

Thomas Doyle

Title

Attorney

Date

02/17/2020 22:16:08

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 19-RC-256439	Date Filed 2/18/2020

Employees Included

All Nurse Practitioners and Advanced Practice Registered Nurses Employed at Riverbend/UD for self determination inclusion with existing RN Unit at that location.

Employees Excluded
Supervisors, Managers

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-256529

Date Filed

2/18/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer
Growing Seeds at Crystal Springs, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2808 SE Steele St, Portland, OR 97202

3a. Employer Representative - Name and Title
Jessica Kyrie Eppley

3b. Address (If same as 2b - state same)
33410 E. Historic Columbia River Highway, Corbett, OR 97019

3c. Tel. No.
971-254-4365

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
kyrie.eppley@growingseeds.net

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Preschool

4b. Principal product or service
Early Childhood Education

5a. City and State where unit is located:
Portland, OR

5b. Description of Unit Involved

Included: all employees

Excluded: office clericals, guards, managers, and supervisors as defined in the Act

6a. No. of Employees in Unit:
approx. 19

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 2/18/20 and Employer declined recognition on or about (Date) (If no reply received, so state).** no reply received

☐

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
none

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
as soon as possible

11c. Election Time(s):
12 pm - 2 pm

11d. Election Location(s):
at the employer's location (break room)

12a. Full Name of Petitioner (including local name and number)
International Longshore and Warehouse Union, Local 5

12b. Address (street and number, city, state, and ZIP code)
920 W Burnside St., OR 97209

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Longshore and Warehouse Union

12d. Tel No.
(503) 933-7550

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
ryan.takas@ilwu.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Emily Maglio, attorney

13b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., Ste. 201, San Francisco, CA 94109

13c. Tel No.
(415) 771-6400

13d. Cell No.

13e. Fax No.
(415) 771-7010

13f. E-Mail Address
emaglio@leonardcarder.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Emily M. Maglio

Signature

Title
attorney

Date
2/18/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-256530

Date Filed

2/18/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Growing Seeds in Irvington, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
808 NE Martin Luther King Blvd Suite F, Portland, OR 97212

3a. Employer Representative - Name and Title
Jessica Kyrie Eppley

3b. Address (If same as 2b - state same)
33410 E. Historic Columbia River Highway, Corbett, OR 97019

3c. Tel. No.
503-284-4860

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
kyrie.eppley@growingseeds.net

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Preschool

4b. Principal product or service
Early Childhood Education

5a. City and State where unit is located:
Portland, OR

5b. Description of Unit Involved

Included: all employees

Excluded: office clericals, guards, managers, and supervisors as defined in the Act

6a. No. of Employees in Unit:
approx. 19

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 2/18/20 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **no reply received**

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
none

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
as soon as possible

11c. Election Time(s):
12 pm - 2 pm

11d. Election Location(s):
at the employer's location (break room)

12a. Full Name of Petitioner (including local name and number)
International Longshore and Warehouse Union, Local 5

12b. Address (street and number, city, state, and ZIP code)
920 W Burnside St., OR 97209

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Longshore and Warehouse Union

12d. Tel. No.
(503) 933-7550

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
ryan.takas@ilwu.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Emily Maglio, attorney

13b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., Ste. 201, San Francisco, CA 94109

13c. Tel. No.
(415) 771-6400

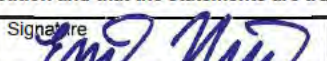
13d. Cell No.

13e. Fax No.
(415) 771-7010

13f. E-Mail Address
emaglio@leonardcarder.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Emily M. Maglio

Signature


Title
attorney

Date
2/18/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-256531

Date Filed

2/18/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer
Growing Seeds North, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
6505 NE Martin Luther King Jr Blvd, Portland, OR 97211

3a. Employer Representative - Name and Title
Jessica Kyrie Eppley

3b. Address (if same as 2b - state same)
33410 E. Historic Columbia River Highway, Corbett, OR 97019

3c. Tel. No.
503-283-9669

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
kyrie.eppley@growingseeds.net

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Preschool

4b. Principal product or service
Early Childhood Education

5a. City and State where unit is located:
Portland, OR

5b. Description of Unit Involved

Included: all employees

Excluded: office clericals, guards, managers, and supervisors as defined in the Act

6a. No. of Employees in Unit:
approx. 40

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 2/18/20 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **no reply received**



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).
none

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
as soon as possible

11c. Election Time(s):
12 pm - 2 pm

11d. Election Location(s):
at the employer's location (break room)

12a. Full Name of Petitioner (including local name and number)
International Longshore and Warehouse Union, Local 5

12b. Address (street and number, city, state, and ZIP code)
920 W Burnside St., OR 97209

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Longshore and Warehouse Union

12d. Tel No.
(503) 933-7550

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
ryan.takas@ilwu.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Emily Maglio, attorney

13b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., Ste. 201, San Francisco, CA 94109

13c. Tel No.
(415) 771-6400

13d. Cell No.

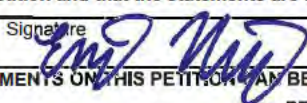
13e. Fax No.
(415) 771-7010

13f. E-Mail Address
emaglio@leonardcarder.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Emily M. Maglio

Signature



Title
attorney

Date
2/18/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-256761Date Filed
2/21/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer: Fresenius Kidney Care Butte/Bozeman		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 937 Highland Blvd. Ste 5100 Bozeman, MT 59715	
3a. Employer Representative - Name and Title: Susan Englert		3b. Address (if same as 2b - state same): 3100 Great Northern Ave. Missoula, MT 59808	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address susan.englert@fmc-na.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal Product or Service Kidney Dialysis	5a. City and State where unit is located: Butte and Bozeman Montana
5b. Description of Unit Involved: Included: L.P.N and Patient Care Technicians Excluded: Management			6a. Number of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 01/22/2020 and Employer declined recognition on or about (Date) No reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): March 6		11c. Election Time(s): 8am - 10am	11d. Election Location(s): Bozeman
12a. Full Name of Petitioner (including local name and number): Erin Foley		12b. Address (street and number, city, State and ZIP code): 3346 Harrison Ave. Butte, MT 59701	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 406-533-5528	12e. Cell No. 406-533-5528	12f. Fax No. 406-494-4430	12g. E-Mail Address erin.foley@teamsterslocal2.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title:		13b. Address (street and number, city, State and ZIP code):	
13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Erin Foley		Signature Erin Foley	Title Secretary Treasurer
			Date 02/21/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-257179

Date Filed

2/28/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Fresenius Kidney Care-Butte		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3745 Harrison Ave STE D MT Butte 59701-	
3a. Employer Representative - Name and Title Sue Englert		3b. Address (if same as 2b - state same) 3100 GREAT NORTHERN AVENUE MT MISSOULA 59808-	
3c. Tel. No. (406) 830-9777	3d. Cell No.	3e. Fax No. (406) 728-5987	3f. E-Mail Address susan.englert@fmc-na.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service healthcare	5a. City and State where unit is located: Butte, MT
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 3 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 01/27/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 3/11/2020	11c. Election Time(s): 8am - 5pm	11d. Election Location(s): Fresenius Kidney Care - Butte	
12a. Full Name of Petitioner (including local name and number) Robin Haux Montana Nurses Association		12b. Address (street and number, city, state, and ZIP code) 20 Old Montana St Hwy MT Clancy 59634-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) AFT-NHP			
12d. Tel No. (406) 431-5934	12e. Cell No.	12f. Fax No.	12g. E-Mail Address robin@mntnurses.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Robin Haux	Signature Robin Haux	Title Labor Program Director	Date 02/28/2020 10:07:27

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

Employees Included
registered nurses

Employees Excluded
supervisor as defined by the NLRA

DO NOT WRITE IN THIS SPACE

Case

19-RC-257179

Date Filed

2/28/2020

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RD-256108

Date Filed

2/11/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Rhino Staging Northwest

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
4417 Pacific Highway East Fife, WA. 98424

3a. Employer Representative - Name and Title
Dan Scolnik, Director of Operations

3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
206-331-3762

3d. Fax No.
425-656-1627

3e. Cell No.
206-391-3050

3f. E-Mail Address
dscolnik@rhinostaging.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Specialty Service Provider - Event Labor

4b. Principal product or service
Specifically Trained Technical Labor

5a. Description of Unit Involved

Included: **Riggers (high Riggers and Down Riggers)**

Excluded: **"Stagehands"**

5b. City and State where unit is located:
Fife, WA.

6. No. of Employees in Unit
Approximately 56

7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent
Jennifer Bacon

8b. Affiliation, if any
I.A.T.S.E. Local #15 President

8c. Address
**2800 - 1st Ave #231
Seattle, WA. 98121**

8d. Tel. No.
206-441-1515

8e. Cell No.

8f. Fax No.

8g. E-Mail Address
businessagent@ial5.org

9. Date of Recognition or Certification
January 1, 2020

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
Unknown

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☒ Yes ☐ No

11b. If so, approximately how many employees are participating? **Zero employees, but many Union Stagehands.**

11c. The Employer has been picketed by or on behalf of (Insert Name) **I.A.T.S.E. Local #15** a labor organization, of (Insert Address) **2800 - 1st Ave. #231, Seattle WA. 98121** since (Month, Day, Year) **Approximately April 2018**

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name
(b) (6), (b) (7)(C)

12b. Address
(b) (6), (b) (7)(C)

12c. Tel. No.
206-441-1515

12d. Fax No.

12e. Cell No.
(b) (6), (b) (7)(C)

12f. E-Mail Address
(b) (6), (b) (7)(C)

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: ☐ Manual ☐ Secret Ballot

13b. Election Date(s)
TBD

13c. Election Time(s)

13d. Election Location(s)

14a. Name
(b) (6), (b) (7)(C)

14b. Tel. No.

14c. Fax No.

14d. Cell No.
(b) (6), (b) (7)(C)

14e. E-Mail Address
(b) (6), (b) (7)(C)

14f. Affiliation, if any
(b) (6), (b) (7)(C) IATSE Local #15

15. Representative of the Petitioner who will accept service of all papers for purposes

15a. Name
See item 14 above

(b) (6), (b) (7)(C)

15c. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C)

15d. Tel. No.

15e. Fax No.

15f. Cell No.

15g. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
(b) (6), (b) (7)(C)

Signature
(b) (6), (b) (7)(C)

Title
(b) (6), (b) (7)(C)

Date Filed
02-5-2020

EM AND T (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

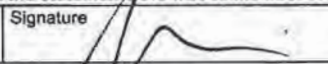
20-RC-255595

Date Filed

2/3/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Producers Dairy		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 199 Red Top Road, Fairfield, CA 94534	
3a. Employer Representative - Name and Title: Mark Flagg, General Manager		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (707) 863-3212	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mark.flagg@producersdairy.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Dairy		4b. Principal Product or Service Dairy products	
5a. City and State where unit is located: Fairfield, California		5b. Description of Unit Involved: Included: All full-time and regular part-time Production and Vault employees. Excluded: All other employees, supervisors and guards, as defined in the Act.	
6a. Number of Employees in Unit: 58		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>by this petition</u> and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) None			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11a. Election Type:			
11b. Election Date(s): February 22, 2020		11c. Election Time(s): 10:00 am - 1:00 pm & 1:30 pm - 4:00 pm	
11d. Election Location(s): Break room of Employer's facility			
12a. Full Name of Petitioner (including local name and number): Teamsters Local 315		12b. Address (street and number, city, State and ZIP code): 2727 Alhambra Avenue Martinez, CA 94553-3120	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. (925) 228-2246	12e. Cell No. (707) 310-2225	12f. Fax No. (925) 228-1612	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Sheila K. Sexton, Attorney		13b. Address (street and number, city, State and ZIP code): 483 Ninth Street, Ste. 200, Oakland, CA 94607	
13c. Tel. No. (510) 625-9700	13d. Cell No.	13e. Fax No. (510) 625-8275	13f. E-Mail Address ssexton@beesontayer.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Sheila K. Sexton		Signature 	Title Attorney for Petitioner
Date 02/03/20			

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-256091

Date Filed

2/11/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Tartine Partners LLC d/b/a Tartine Bakery

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
600 Guerrero St., San Francisco, CA 94110

3a. Employer Representative - Name and Title
Zach Taylor, General Manager

3b. Address (If same as 2b - state same)
same

3c. Tel. No.
415-487-2600

3d. Cell No.
415-487-2600

3e. Fax No.

3f. E-Mail Address
zach.taylor@tartinebakery.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
bakery/restaurant

4b. Principal product or service
bakery food and beverage services

5a. City and State where unit is located:
San Francisco, CA

5b. Description of Unit Involved
Included: see attachment
Excluded: see attachment

6a. No. of Employees in Unit:
approx. 44

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 2/6/20 and Employer declined recognition on or about (Date) (If no reply received, so state). no reply received



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
none

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
as soon as possible, pref. not on Mon. or Tue.

11c. Election Time(s):
morning and afternoon windows

11d. Election Location(s):
at the employer's location

12a. Full Name of Petitioner (including local name and number)
International Longshore and Warehouse Union

12b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., 4th Floor, San Francisco, CA 94109

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
none

12d. Tel No.
(415) 775-0533

12e. Cell No.

12f. Fax No.
(415) 775-1302

12g. E-Mail Address
agustin.ramirez@ilwu.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Emily Maglio, attorney

13b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., Ste. 201, San Francisco, CA 94109

13c. Tel No.
(415) 771-6400

13d. Cell No.

13e. Fax No.
(415) 771-7010

13f. E-Mail Address
emaglio@leonardcarder.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Emily M. Maglio

Signature

Title
attorney

Date
2/10/20

WILLFUL FALSE STATEMENTS ON THIS PETITION WILL BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Tartine Bakery

5.b.

Included: All baristas, pastry counter employees, servers, bread bakers, dishwashers, pastry bakers, pastry prep employees, prep cooks, cashiers, and leads.

Excluded: Office-clericals, guards, managers, and supervisors as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-256131

Date Filed

2/11/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Tartine Holdings JV LLC d/b/a Tartine All Day

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1226 9th Ave., San Francisco, CA 94122

3a. Employer Representative - Name and Title
Scott Mosier, General Manager

3b. Address (If same as 2b - state same)
same

3c. Tel. No.
415-742-5005

3d. Cell No.
310-699-0702

3e. Fax No.

3f. E-Mail Address
scott.mosier@tartinebakery.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
restaurant/bakery

4b. Principal product or service
bakery food and beverage services

5a. City and State where unit is located:
San Francisco, CA

5b. Description of Unit Involved
Included: see attachment
Excluded: see attachment

6a. No. of Employees in Unit:
approx. 22

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 2/6/20 and Employer declined recognition on or about (Date) (If no reply received, so state). no reply received
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
none

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
as soon as possible, pref. not on Mon. or Tue.

11c. Election Time(s):
morning and afternoon windows

11d. Election Location(s):
at the employer's location

12a. Full Name of Petitioner (including local name and number)
International Longshore and Warehouse Union

12b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., 4th Floor, San Francisco, CA 94109

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
none

12d. Tel No.
(415) 775-0533

12e. Cell No.

12f. Fax No.
(415) 775-1302

12g. E-Mail Address
agustin.ramirez@ilwu.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Emily Maglio, attorney

13b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., Ste. 201, San Francisco, CA 94109

13c. Tel No.
(415) 771-6400

13d. Cell No.

13e. Fax No.
(415) 771-7010

13f. E-Mail Address
emaglio@leonardcarder.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Emily M. Maglio

Signature

Title
attorney

Date
2/10/20

WILLFUL FALSE STATEMENTS ON THIS PETITION WILL BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Tartine Inner Sunset

5.b.

Included: All baristas, baristas, bussers and support employees, dishwashers, line cooks, porters, pastry bakers, cashiers, and leads.

Excluded: Office-clericals, guards, managers, and supervisors as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-256138

Date Filed

2/11/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Tartine Partners LLC d/b/a Tartine Manufactory

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
595 Alabama St., San Francisco, CA 94110

3a. Employer Representative - Name and Title
Suzanne Roberts, General Manager

3b. Address (If same as 2b - state same)
same

3c. Tel. No.
415-757-0007

3d. Cell No.
949-886-5880

3e. Fax No.

3f. E-Mail Address
suzanne.roberts@tartinebakery.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
bakery/restaurant

4b. Principal product or service
bakery food and beverage services

5a. City and State where unit is located:
San Francisco, CA

5b. Description of Unit Involved
Included: see attachment
Excluded: see attachment

6a. No. of Employees in Unit:
approx. 123

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 2/6/20 and Employer declined recognition on or about (Date) (If no reply received, so state). no reply received
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
none

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
as soon as possible, pref. not on Mon. or Tue.

11c. Election Time(s):
morning and afternoon windows

11d. Election Location(s):
at the employer's location

12a. Full Name of Petitioner (including local name and number)
International Longshore and Warehouse Union

12b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., 4th Floor, San Francisco, CA 94109

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
none

12d. Tel No.
(415) 775-0533

12e. Cell No.

12f. Fax No.
(415) 775-1302

12g. E-Mail Address
agustin.ramirez@ilwu.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Emily Maglio, attorney

13b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., Ste. 201, San Francisco, CA 94109

13c. Tel No.
(415) 771-6400

13d. Cell No.

13e. Fax No.
(415) 771-7010

13f. E-Mail Address
emaglio@leonardcarder.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Emily M. Maglio

Signature

Title
attorney

Date
2/10/20

WILLFUL FALSE STATEMENTS ON THIS PETITION WILL BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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Tartine Manufactory

5.b.

Included: All bar preparation employees, baristas, bar backs, bartenders, bussers and support employees, hosts, pastry counter employees, servers, sommeliers, bread bakers, dishwashers, line cooks, sous chefs, porters, utility employees, pastry bakers, pastry prep employees, prep cooks, drivers, cashiers, and leads.

Excluded: Office-clericals, guards, managers, and supervisors as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-256536	Date Filed 2/18/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Hawaiian Ice Company

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1125 N. Nimitz Hwy. Honolulu, HI 96817

3a. Employer Representative - Name and Title
Ronnelle Hanada General Manager

3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
808-538-6918

3d. Cell No.

3e. Fax No.
808-538-1430

3f. E-Mail Address
ronnette@hawnice.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Wholesaler

4b. Principal product or service
Ice Distribution

5a. City and State where unit is located:
Honolulu, HI

5b. Description of Unit Involved
Included: Drivers

6a. No. of Employees in Unit:
10

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Excluded: ANY AND ALL MANAGERS, SUPERVISORS, SUPERINTENDENTS, WATCHMEN, AND SECURITY PERSONNEL

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about none (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
March 10, 2020

11c. Election Time(s):
5:30AM-6:00AM

11d. Election Location(s):
Hawaiian Ice Breakroom

12a. Full Name of Petitioner (including local name and number)
Hawaii Teamsters and Allied Workers, Local 996

12b. Address (street and number, city, state, and ZIP code)
1817 Hart Street, Honolulu, Hawaii 96819

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No.
808-847-6633

12e. Cell No.

12f. Fax No.
808-842-4575

12g. E-Mail Address
loc996@hawaii.rr.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Asi Fakaosi, Assistant to the President/ Organizer

13b. Address (street and number, city, state, and ZIP code)
1817 Hart Street, Honolulu, Hawaii 96819

13c. Tel No.
808-847-6633

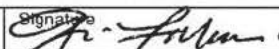
13d. Cell No.
808-940-3540

13e. Fax No.
808-842-4575

13f. E-Mail Address
asi@hawaiiteamsters.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Asi Fakaosi

Signature


Title
Assistant to the President/ Organizer

Date
2/18/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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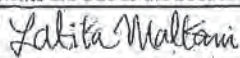
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
20-RC-257148Date Filed
2/28/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Wellpath		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): See Attachment A	
3a. Employer Representative - Name and Title: Debra Kolman Program Manager		3b. Address (if same as 2b - state same): Sonoma County Jail, Main Adult Detention Facility (MADF) 2777 Ventura Ave, Santa Rosa, CA 95403	
3c. Tel. No.	3d. Cell No. (707) 290-3881	3e. Fax No.	3f. E-Mail Address dkolman@sonoma-county.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Detention Center (Healthcare Workers)		4b. Principal Product or Service Medical & behavioral health	5a. City and State where unit is located: Santa Rosa, CA
5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A		5a. Number of Employees in Unit: 66 5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) National Union of Healthcare Workers (NUHW)		8b. Address: 1250 45th Street, Suite 200 Emeryville, CA 94608	
8c. Tel. No. (510) 834-2009	8d. Cell No.	8e. Fax No. (510) 834-2019	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			
11b. Election Date(s): March 18, 2020		11c. Election Time(s): NA	11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11d. Election Location(s): NA			
12a. Full Name of Petitioner (including local name and number): National Union of Healthcare Workers (NUHW)		12b. Address (street and number, city, State and ZIP code): 1250 45th Street, Suite 200 Emeryville, CA 94608	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): None			
12d. Tel. No. (510) 834-2009	12e. Cell No.	12f. Fax No. (510) 834-2019	12g. E-Mail Address ktom@nuhw.org/rdraper@nuhw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Latika Malkani, Esq.		13b. Address (street and number, city, State and ZIP code): SIEGEL LEWITTER MALKANI 1939 Harrison Street, Suite 307, Oakland, CA 94612	
13c. Tel. No. (510) 452-5000	13d. Cell No.	13e. Fax No. (510) 452-5004	13f. E-Mail Address lmalkani@sl-employmentlaw.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Latika Malkani		Signature 	Title Counsel for NUHW
		Date 02/27/20	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Attachment A

to RC Petition filed by National Union of Healthcare Workers (NUHW)

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

Sonoma County Jail consists of two facilities:

- 1) Main Adult Detention Facility (MADF)
2777 Ventura Ave
Santa Rosa, CA 95403
- 2) North County Detention Facility (NCDF)
2254 Ordinance Rd
Santa Rosa, CA 95403

5b. Description of Unit Involved:

Included: All full-time, regular part-time and per diem professional employees employed by the employer at or from Sonoma County Main Adult Detention Facility and North County Detention Facility, in the following job classifications:

Licensed Vocational Nurse, Nurse Practitioner, Registered Nurse, Certified Nursing Assistant, Substance Abuse Counselor, Physician's Assistant, Licensed Clinical Social Worker, Marriage Family Therapist, Licensed Counselor, Licensed Marriage Family Therapist, Discharge Planner, Administrative Assistant, Unit Secretary, Medical Records Clerk, Clerk, Dental Assistants

Excluded: All other employees, confidential employees, employees represented by other labor organizations, guards and supervisors as defined by the National Labor Relations Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RD-255613

Date Filed

2/3/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer PEPSI BEVERAGE COMPANY		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 7550 REESE ROAD, SACRAMENTO, CA 95828	
3a. Employer Representative - Name and Title MARQUES BURRIS / SR HR REP		3b. Address (if same as 2b - state same)	
3c. Tel. No. 916 423 0172	3d. Fax No.	3e. Cell No. 916 905 9957	3f. E-Mail Address MARQUES.BURRIS@PEPSICO.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) BEVERAGE INDUSTRY / WAREHOUSE + TRANSPORT		4b. Principal product or service BEVERAGES / SODA ETC	
5a. Description of Unit Involved Included: ALL EMPLOYEES LISTED IN THE CBA Excluded: EMPLOYEES NOT LISTED / DEPARTMENT NOT LISTED			5b. City and State where unit is located: SACRAMENTO CALIFORNIA
6. No. of Employees in Unit 300 - 340	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent UNITED STEEL WORKERS LOCAL 565 SACRAMENTO		8b. Affiliation, if any AFL-CIO, CLC	
8c. Address DOES NOT EXIST		8d. Tel. No. (916) 833-9496	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address USW565local@gmail.com
9. Date of Recognition or Certification		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) APRIL 1 2020	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (b) (6), (b) (7)(C)		Signature (b) (6), (b) (7)(C)	Title
			Date Filed 1-28-20

WILLFUL FALSE STATEMENTS ON THIS PETITION ARE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-255961	Date Filed 2-7-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer HCA Riverside Community Hospital	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4445 Magnolia Avenue, Riverside, CA 92501
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3a. Employer Representative - Name and Title Joseph Peccoraro, Dir. Employee & Labor Relations. HCA Human Resources Grp.	3b. Address (If same as 2b - state same) Same
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3c. Tel. No. 951.788.3116	3d. Cell No. 951.202.3749	3e. Fax No.	3f. E-Mail Address joseph.peccoraro@hcahealthcare.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical Facility	4b. Principal product or service Health Care	5a. City and State where unit is located: Riverside, CA
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5b. Description of Unit Involved Included: All Supply chain techs, Radiation Therapists, Radiation Coordinators, Nuclear Medicine Technologists and Nuclear Medicine Technologist Leads. Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.	6a. No. of Employees in Unit: 26 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): February, 26, 2020	11c. Election Time(s): 6am-8am, 11am-2pm	11d. Election Location(s): Conference Room in G Tower on 4th, 5th or 6th floor
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12a. Full Name of Petitioner (including local name and number) Service Employees International Union, United Healthcare Workers-West	12b. Address (street and number, city, state, and ZIP code) 5480 Ferguson Drive, Los Angeles, CA 90022
--	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union


12d. Tel No. (323) 734-8399	12e. Cell No.	12f. Fax No. (323) 721-3538	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title William T Hanley	13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
--	---

13c. Tel No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address whanley@unioncounsel.net, nlrbnotices@unioncounsel.net
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) William T. Hanley	Signature 	Title Attorney	Date February 7, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-255963	Date Filed 2-07-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer HCA Riverside Community Hospital	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4445 Magnolia Avenue, Riverside, CA 92501
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3a. Employer Representative -- Name and Title Joseph Peccoraro, Dir. Employee & Labor Relations, HCA Human Resources Grp.	3b. Address (if same as 2b -- state same) Same
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3c. Tel. No. 951.788.3116	3d. Cell No. 951.202.3749	3e. Fax No.	3f. E-Mail Address joseph.peccoraro@hcahealthcare.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical Facility	4b. Principal product or service Health Care	5a. City and State where unit is located: Riverside, CA
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5b. Description of Unit Involved Included: All Medical Social Workers. Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.	6a. No. of Employees in Unit 12 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None	8b. Address
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): February, 26, 2020	11c. Election Time(s): 6am-8am, 11am-2pm	11d. Election Location(s): Conference Room in G Tower on 4th, 5th or 6th floor
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12a. Full Name of Petitioner (including local name and number) Service Employees International Union, United Healthcare Workers-West	12b. Address (street and number, city, state, and ZIP code) 5480 Ferguson Drive, Los Angeles, CA 90022
--	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union

12d. Tel. No. (323) 734-8399	12e. Cell No.	12f. Fax No. (323) 721-3538	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title William T Hanley	13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
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13c. Tel. No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address whanley@unioncounsel.net; nlrbnotices@unioncounsel.net
--	----------------------	---------------------------------------	--

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) William T. Hanley	Signature 	Title Attorney	Date February 7, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

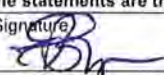
21-RC-256355

Date Filed

2-14-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Coronado Island Marriott Resort & Spa		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2000 2nd St. Coronado, CA 92118	
3a. Employer Representative - Name and Title: Jonathan Litvack		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 619-435-3000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Jonathan.litvack@marriott.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Hotel		4b. Principal Product or Service Accommodation	
5b. Description of Unit Involved: Included: All full time, part time & on-call banquet captains, banquet servers, banquet-bartenders, lead banquet houseman & banquet houseman Excluded: All other Employees, including supervisors, guards, clerical employees and sales empl.		5a. City and State where unit is located: San Diego, CA	
6a. Number of Employees in Unit: 31		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>By this petition</u> and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): February 28, 2020	11c. Election Time(s): 7:00 am - 11:00 am ; 1:30 pm - 5:00 pm	11d. Election Location(s): Meeting Room TBD	
12a. Full Name of Petitioner (including local name and number): UNITE HERE Local 30		12b. Address (street and number, city, State and ZIP code): 2436 Market St. San Diego, CA 92102	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Eric B. Myers		13b. Address (street and number, city, State and ZIP code): 595 Market Street, Suite 800 San Francisco, CA 94105	
13c. Tel. No. 415-597-7200	13d. Cell No.	13e. Fax No.	13f. E-Mail Address cbm@msh.law
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) ERIC B MYERS	Signature 	Title Attorney	Date 2/14/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

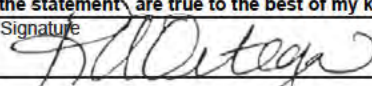
21-RC-256733

Date Filed

2-21-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer: Martin Brower		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 21489 Baker Parkway, City of Industry CA 91789	
3a. Employer Representative - Name and Title: Wayne Luter, General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 909-610-6603	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ELuter@martin-brower.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse		4b. Principal Product or Service Food distribution	5a. City and State where unit is located: City of Industry
5b. Description of Unit Involved: Included: Shipping, receiving, and transportation clerks employed by the Employer at its facility located in City of Industry. Excluded: All other employees including managerial, professional, security guards, and supervisors as defined in the Act.			6a. Number of Employees in Unit: 22
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>2/12/2020</u> and Employer declined recognition on or about (Date) <u>2/17/2020</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): ASAP		11c. Election Time(s):	11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): Teamsters Local 63		12b. Address (street and number, city, State and ZIP code): 927 Village Oaks Drive, Covina, CA 91724	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 626-859-4005	12e. Cell No.	12f. Fax No.	12g. E-Mail Address mperez@local63.net; (b) (6), (b) (7)(C)
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Raquel Ortega, Attorney		13b. Address (street and number, city, State and ZIP code): 3625 Ruffin Road, Suite 300, San Diego, CA 92123	
13c. Tel. No. 619-297-6900	13d. Cell No.	13e. Fax No.	13f. E-Mail Address rao@sdlaborlaw.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Raquel Ortega		Signature 	Title Attorney
			Date 2/19/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


21-RC-256763

Date Filed

2-21-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB 505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Katmai Government Services		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Camp Pendleton, CA 92055	
3a. Employer Representative Name and Title: Debbie Dunn, Director of HR		3b. Address (if same as 2b - state same): 12001 Science Drive, Suite 160, Orlando, FL 32826	
3c. Tel. No. 407.281.6093 x229 407.613.2009 (Direct)	3d. Cell No. 407.480.1492	3e. Fax No. 407.480.5683	3f. E Mail Address ddunn@katmaicorp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Military Contractor		4b. Principal Product or Service Military Support	5a. City and State where unit is located: Camp Pendleton, CA
5b. Description of Unit Involved: Included: All full-time and regular part-time Laborers; Electronic Technician Maintenance I, II, and III; Data Entry Clerks; General Maintenance Workers; Computer Operator I and II; Heavy Equipment Operators; and System Support Specialists. Excluded: All guards and supervisors as defined by the Act.			6a. Number of Employees in Unit: 37 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>By petition</u> and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer(s) establishment(s) involved? <u>NO</u> If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): n/a Mail ballot		11c. Election Time(s): n/a Mail ballot	11d. Election Location(s): n/a Mail ballot
12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers, District Lodge 725		12b. Address (street and number, city, State and ZIP code): 5150 Kearney Mesa Blvd, San Diego, CA 92111	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Machinists and Aerospace Workers, AFL-CIO			
12d. Tel. No. (619) 906-0394	12e. Cell No.	12f. Fax No.	12g. E Mail Address jmauldin@iam725.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: David W. M. Fujimoto, Attorney		13b. Address (street and number, city, State and ZIP code): Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel. No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E Mail Address NLRBnotices@unioncounsel.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) David W. M. Fujimoto		Signature 	Title Attorney Date 2/21/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT 11/071174

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

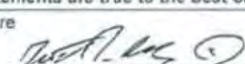
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-256928**Date Filed
2-25-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Southern California Edison		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 8631 Rush Street 3rd Floor, Rosemead, CA 91770	
3a. Employer Representative - Name and Title: Steven Crowell		3b. Address (if same as 2b - state same): same	
3c. Tel. No.	3d. Cell No. 949-390-4423	3e. Fax No.	3f. E-Mail Address steven.crowell@sce.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Electric Utility		4b. Principal Product or Service Electricity	5a. City and State where unit is located: Rosemead, California
5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A		6a. Number of Employees in Unit 850 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>2/25/20</u> and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input checked="" type="radio"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 3/16 - 4/6/20		11c. Election Time(s):	11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): Engineers and Scientists of California Local 20, IFPTE, AFL-CIO/CLC		12b. Address (street and number, city, State and ZIP code): 810 Clay St, Oakland, CA, 94607	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Federation of Professional and Technical Engineers, AFL-CIO & CLC			
12d. Tel. No. 510-238-8320	12e. Cell No. 510-384-7088	12f. Fax No. 510-238-8324	12g. E-Mail Address jwright@ifpte20.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jonathan Cohen and Hannah Weinstein, Attorneys		13b. Address (street and number, city, State and ZIP code): 510 South Marengo Avenue Pasadena, California 91101-3115	
13c. Tel. No. (626) 796-7555	13d. Cell No.	13e. Fax No. (626) 577-0124	13f. E-Mail Address jcohen@rsglabor.com or hweinstein@rsglabor.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Jonathan T. Wright		Signature 	Title Organizing Director
			Date 2/25/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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Attachment A

To RC petition filed on 2/26/2020 by ESC Local 20, IFPTE (ESC):

5b. Description of Unit Involved:

Included:

All Tech Spec, Assoc Specs (Field Planning Technicians) in Transmission and Distribution.

Design/Drafting, Assoc Specs (Designer 1s) and Design/Drafting, Specialists (Designer 2s) in Transmission and Distribution, except for in Engineering.

Planning, Assoc Spec trainees (Planner 1 trainees), Planning, Assoc Specs (Planner 1s), Planning, Sr Spec (Planner 2s), and Planning, Advisors (Planner 3s) in Transmission and Distribution, except for in Substation Construction and Maintenance.

Excluded:

All Planners in Substation Construction and Maintenance; all Planners in Generation and Edison Carrier Solutions; all Designers in Engineering; and all other employees, including confidential employees, guards, managers, and supervisors as defined by the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


22-RC-25558

Date Filed

2/3/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/ submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Planned Lifestyle Services, affiliated with and related to Planned Companies		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): The Shipyard, 2 12th Street, 1 Independence Court, and 1 14th Street, Hoboken, NJ 07030	
3a. Employer Representative - Name and Title: Robert Francis, President		3b. Address (if same as 2b - state same): 150 Smith Road Parsippany, NJ 07050	
3c. Tel. No. 973-739-0080	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential		4b. Principal Product or Service Building Services	
5b. Description of Unit Involved: Included: All full-time and regular part-time concierges/front desk Excluded: Supervisors, confidential employees and guards as defined by the act		5a. City and State where unit is located: 6a. Number of Employees in Unit: 21 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> no <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) none			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 2/18/2020		11c. Election Time(s): 7:30-8:30am, 3:30-4:30pm, 5:30-7:30 11d. Election Location(s): 2 12th Street, Package Room	
12a. Full Name of Petitioner (including local name and number): SEIU Local 32BJ		12b. Address (street and number, city, State and ZIP code): 494 Broad Street, 3rd Floor Newark, NJ 07102	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union			
12d. Tel. No. 937-827-3225	12e. Cell No.	12f. Fax No. 862-236-3605	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Brent Garren, Deputy General Counsel		13b. Address (street and number, city, State and ZIP code): 25 West 18th Street New York, NY 10011	
13c. Tel. No. 212-388-3943	13d. Cell No. 917-208-4287	13e. Fax No. 212-388-2062	13f. E-Mail Address bgarren@seiu32bj.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Brent Garren	Signature 		Title Deputy General Counsel Date 1/31/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-255638

Date Filed

FEB 3, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Village Supermarkets, Inc., d/b/a Shoprite of East Orange

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
533 Main Street, East Orange, NJ 07018

3a. Employer Representative - Name and Title:
James Stevens, HR Director

3b. Address (if same as 2b - state same):
733 Mountain Avenue, Springfield, NJ 07081

3c. Tel. No.
973-467-2200

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Supermarket

4b. Principal Product or Service
Food Sales

5a. City and State where unit is located:
East Orange, NJ

5b. Description of Unit Involved:

Included:

All Full and regular part-time maintenance and cart personnel

Excluded:

See attached.

6a. Number of Employees in Unit:
16

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 1/31/2020 and Employer declined recognition on or about (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)
None

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
N/A

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
March 5, 2020

11c. Election Time(s):
7:00am-8:00am and 4:00pm to 5:00pm

11d. Election Location(s):
Break Room

12a. Full Name of Petitioner (including local name and number):
UFCW Local 1262

12b. Address (street and number, city, State and ZIP code):
1389 Broad Street, Clifton, NJ 07013

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
United Food and Commercial Workers

12d. Tel. No.
973-777-3700

12e. Cell No.
732-496-7232

12f. Fax No.
973-777-3430

12g. E-Mail Address
dmerritt@ufcwlocal1262.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Don Merritt, Asst. Field Director

13b. Address (street and number, city, State and ZIP code):
1389 Broad Street, Clifton, NJ 07013

13c. Tel. No.
973-777-3700

13d. Cell No.
732-496-7232

13e. Fax No.
973-777-3430

13f. E-Mail Address
dmerritt@ufcwlocal1262.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Don Merritt

Signature

Title
Asst. Field Director

Date
2/3/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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Cont'd from RC Petition 5b – Description of Unit involved:

Excluded: All Store Managers, supervisors, temporary employees, clerical employees and guards as defined by the Act as well as all other employees.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-255828

Date Filed

2/6/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Oldcastle APG

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

103 Yellow Brook Rd Farmingdale NJ 07731

3a. Employer Representative - Name and Title

Albert Rocco, Transportation Manager

3b. Address (If same as 2b - state same)

Same

3c. Tel. No.

732-919-2022

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

al.rocco@oldcastle.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Factory & Distribution Facility

4b. Principal product or service

Concrete Block

5a. City and State where unit is located:

Newark, NJ

5b. Description of Unit Involved

Included: All full-time and regular part-time drivers employed by the Employer at its 103 Yellow Brook Rd Farmingdale NJ facility.

Excluded: All production and maintenance employees, office clerical employee, confidential employees, guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:

2

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) none and Employer declined recognition on or about none (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

None

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

None

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☐ Mail ☒ Mixed Manual/Mail

11b. Election Date(s):

February 27, 2020

11c. Election Time(s):

5:45 to 6:15 A.M.

11d. Election Location(s):

Driver's room, 103 Yellow Brook Rd Farmingdale NJ 07731

12a. Full Name of Petitioner (Including local name and number)

Local 641, International Brotherhood of Teamsters

12b. Address (street and number, city, state, and ZIP code)

714 Rahway Ave., Union, NJ 07083

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

International Brotherhood of Teamsters

12d. Tel. No.

908-686-8898

12e. Cell No.

12f. Fax No.

908-964-6970

12g. E-Mail Address

Jimmy Kilkenny <local641@aol.com>

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title **Raymond G. Heineman, Esq.**

13b. Address (street and number, city, state, and ZIP code)

89 Wood Ave., South, Suite 307, Iselin, NJ 08830

13c. Tel. No.

732-491-2104

13d. Cell No.

732-266-8287

13e. Fax No.

732-491-2120

13f. E-Mail Address

rheineman@krollfirm.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Raymond G. Heineman

Signature



Title

Attorney

Date

February 6, 2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

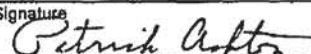
22-RC-256239

Date Filed

FEB 11, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Nissan Parts Distribution Warehouse		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1501 Cottontail Lane, Somerset, NJ 08873	
3a. Employer Representative - Name and Title: Richard Dobrzynski, SR Manager		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 732-805-3100	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Richard.Dobrzynski@nissan-USA.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Parts Warehouse		4b. Principal Product or Service Nissan parts	
5a. City and State where unit is located: Somerset, NJ		5b. Description of Unit Involved: Included: Parts Warehouse Pickers Excluded: Supervisory and Managerial Employees	
6a. Number of Employees in Unit 64		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: UAW Region 9 be recognized as the bargaining agent for the warehouse parts pickers		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 9, 10, 11, 2020	11c. Election Time(s): 10:00 AM to 9:00 PM	11d. Election Location(s): Nissan, Somerset, NJ	
12a. Full Name of Petitioner (including local name and number): Int'l Union, UAW Region 9		12b. Address (street and number, city, State and ZIP code): 1930 Marlton Pike East, Suite W-109, Cherry Hill, NJ 08003	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International United Automobile, Aerospace & Agricultural Implement Workers of America, UAW			
12d. Tel. No. 215-591-0830	12e. Cell No. 856-220-7521	12f. Fax No. 215-591-0837	12g. E-Mail Address pashton@uaw.net
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Patrick Ashton, Int'l Representative		13b. Address (street and number, city, State and ZIP code): 1930 Marlton Pike East, Suite W-109, Cherry Hill, NJ 08003	
13c. Tel. No. 856-220-7521	13d. Cell No. 856-220-7521	13e. Fax No. 215-591-0837	13f. E-Mail Address pashton@uaw.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Patrick Ashton	Signature 	Title Int'l Representative	Date 02/11/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT


Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 22-RC-256452	Date Filed 2/18/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Suez Water		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 60 DeVoe Place, Hackensack, NJ 07601	
3a. Employer Representative - Name and Title: Eva Martinez, Labor Relations Director		3b. Address (if same as 2b - state same): 200 Old Hook Road, Harrington Park, NJ 07640	
3c. Tel. No. 2017503427	3d. Cell No. 201681-7675	3e. Fax No. 2017677142	3f. E-Mail Address eva.martinez@suez.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility		4b. Principal Product or Service Water	5a. City and State where unit is located: Hackensack, NJ
5b. Description of Unit Involved: Included: All full time and regular part time equipment operators. Excluded: All guards, managers and supervisors as defined in the act.			6a. Number of Employees in Unit: 5 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: At Employer Premises		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 12, 2020	11c. Election Time(s): To be determined	11d. Election Location(s): To be determined	
12a. Full Name of Petitioner (including local name and number): Utility Workers Union of America, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 42 Ravenwood Blvd, Barnegat, NJ 08005	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Utility Workers Union of America, AFL-CIO			
12d. Tel. No. 6096070651	12e. Cell No. 6096183176	12f. Fax No. 6096070679	12g. E-Mail Address bobhouser@uwua.net
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Robert A. Houser, Director of Organizing		13b. Address (street and number, city, State and ZIP code): 42 Ravenwood Blvd, Barnegat, NJ 08005	
13c. Tel. No. 6096070651	13d. Cell No. 6096183176	13e. Fax No. 6096070679	13f. E-Mail Address bobhouser@uwua.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Robert A. Houser	Signature 	Title Director of Organizing	Date 2/11/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

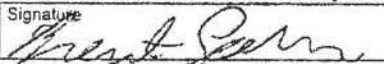
22-RC-256848

Date Filed

2/24/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Eurest Compass		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Johnson & Johnson Plaza New Brunswick, NJ 08933-0001	
3a. Employer Representative - Name and Title: Gary Wang		3b. Address (if same as 2b - state same): 2400 Yorkmont Road Charlotte, NC 28217	
3c. Tel. No. 704-328-4000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Gary.Wang@compass-usa.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Office Building		4b. Principal Product or Service Janitorial Services	5a. City and State where unit is located: New Brunswick, NJ
5b. Description of Unit Involved: Included: All full-time and regular part-time janitors and maintenance employees Excluded: All other employees, office employees, supervisors and guards as described in the Act			6a. Number of Employees in Unit: 30 25 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) Local 1931		8b. Address: 420 W. Merrick Road Valley Stream, NY 11580	
8c. Tel. No. 516-825-1851	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) CBA Expired
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 3/9/2020		11c. Election Time(s): 2pm - 6pm	
		11d. Election Location(s): Conference Room 1, J & J Plaza	
12a. Full Name of Petitioner (including local name and number): SEIU 32BJ		12b. Address (street and number, city, State and ZIP code): 494 Broad Street, 3rd Fl. Newark, NJ 07102	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent: (if none, so state): Service Employees International Union			
12d. Tel. No. 937-827-3225	12e. Cell No.	12f. Fax No. 862-236-3605	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Brent Garren Deputy General Counsel		13b. Address (street and number, city, State and ZIP code): 25 W. 18th Street, 5th Floor New York, NY 10011	
13c. Tel. No. 212-388-3943	13d. Cell No. 917-208-4287	13e. Fax No. 212-388-2062	13f. E-Mail Address bgarren@seiu32bj.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Brent Garren		Signature 	Title Deputy General Counsel
			Date 2/24/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RD-256109

Date Filed

2/11/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Legal Services of Northwest Jersey		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 90 E. Main Street Somerville, NJ 08876	
3a. Employer Representative - Name and Title Michael L. Wojcik, Esq.		3b. Address (If same as 2b - state same) 90 E. Main Street Somerville, NJ 08876	
3c. Tel. No. (908) 231-0840	3d. Fax No. (908) 231-6780	3e. Cell No.	3f. E-Mail Address mwojcik@lsnj.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Office		4b. Principal product or service Legal Services	
5a. Description of Unit Involved Included: Non-attorney support staff. Excluded: attorneys, managers, human resources personnel, finance department personnel.			5b. City and State where unit is located: Flemington, Morristown, Somerville, Newton, Belvidere, NJ

6. No. of Employees in Unit 12 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent National Organization of Legal Services Workers, UAW Local 2320		8b. Affiliation, if any AFL-CIO	
8c. Address 356 W. 38th St. Suite 705 New York, NY 10018		8d. Tel. No. (212) 228-0992	8e. Cell No.
		8f. Fax No. (212) 228-0097	8g. E-Mail Address psmith@nolsw.org

9. Date of Recognition or Certification September 20, 2018		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) No contract	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)			

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name N/A	12b. Address N/A	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) March 2, 2020	13c. Election Time(s) N/A	13d. Election Location(s) Mail-in Election	

14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No.	14e. E-Mail Address

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No.
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 2-8-2020
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WILLFUL FALSE STATEMENTS ON

FIDELITY AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the NLRB in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

25-RC-255764

Date Filed

2/5/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1 PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer:
McHenry Excavating, Inc.

2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):
1903 State, Rte. 31, Suite A, McHenry, IL 60050

3a. Employer Representative - Name and Title:
Matt Rogulic, Owner

3b. Address (if same as 2b - state same):

3c. Tel. No.
815-605-9499

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
matt@mchenryheating.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Construction

4b. Principal Product or Service
Excavation

5a. City and State where unit is located:
McHenry, IL

5b. Description of Unit Involved:

Included:

All full time operators, laborers, and drivers

Excluded:

All managers, supervisors, clericals, and guards as defined under the Act.

6a. Number of Employees in Unit:

10

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state)
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)
None

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9 Is there now a strike or picketing at the Employer's establishment(s) involved? Yes _____ If so, approximately how many employees are participating? 1
(Name of Labor Organization) IUOE, Local 150, has picketed the Employer since (Month, Day, Year) 8/8/19

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
National Allied Workers Union, Local 831

10a. Name
Frank Stroud

10b. Address
125 Windsor Dr., Suite 118, Oak Brook, IL 60523

10c. Tel. No.
630-974-6799

10d. Cell No.

10e. Fax No.

10f. E-Mail Address
nawulocal831@sbcglobal.net

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:
Petitioned for Employer is a fiction and unit is not appropriate

11a. Election Type:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
2/19/20

11c. Election Time(s):
8:00 a.m.

11d. Election Location(s):
Employer's Shop

12a. Full Name of Petitioner (including local name and number):
International Union of Operating Engineers, Local 150, AFL CIO

12b. Address (street and number, city, State and ZIP code):
6200 Joliet Road, Countryside, IL 60525

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union of Operating Engineers

12d. Tel. No.
708-482-8800

12e. Cell No.

12f. Fax No.
708-482-7186

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Robert A. Paszta, Associate General Counsel

13b. Address (street and number, city, State and ZIP code):
6140 Joliet Road, Countryside, IL 60525

13c. Tel. No.
708-579-6657

13d. Cell No.

13e. Fax No.
708-588-1647

13f. E-Mail Address
rpaszta@local150.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Robert A. Paszta

Signature

Title
Associate General Counsel

Date
2/5/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

25-RC-255852

Date Filed

2/5/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

MV Transportation

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

555 East Wood Street
IL Decatur 62523-

3a. Employer Representative - Name and Title

John Ramirez

3b. Address (If same as 2b - state same)

555 East Wood Street
IL Decatur 62523-

3c. Tel. No.

(217) 424-2817

3d. Cell No.

(630) 606-4708

3e. Fax No.

(217) 424-2818

3f. E-Mail Address

john.ramirez@mvtransit.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Transportation

4b. Principal product or service

Transit Service

5a. City and State where unit is located:

Decatur, IL

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

11

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
February 26, 2020

11c. Election Time(s):
12:00 noon to 1:00 p.m.

11d. Election Location(s):
Training room

12a. Full Name of Petitioner (including local name and number)

Nanette K. Ruffin
Amalgamated Transit Union Local 859

12b. Address (street and number, city, state, and ZIP code)
P.O. Box 391
IL Decatur 62525-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Amalgamated Transit Union

12d. Tel. No.

(217) 520-2537

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

(b) (6), (b) (7)(C)

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

Daniel B. Smith Assistant General Counsel
AMALGAMATED TRANSIT UNION

13b. Address (street and number, city, state, and ZIP code)

10000 New Hampshire Ave
MD Silver Spring 20903-1790

13c. Tel. No.

(301) 431-7100

13d. Cell No.

(202) 714-4219

13e. Fax No.

13f. E-Mail Address

dsmith@atu.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Daniel B. Smith

Signature

Daniel B. Smith

Title

Assistant General Counsel

Date

02/5/2020 21:42:23

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and regular part-time road supervisors, dispatchers, paratransit clerks and administrative assistants employed by the Employer at its facility currently located in Decatur, Illinois. The Petitioner is seeking a self-determination election to include the petitioned-for employees within an existing unit.

Employees Excluded

All other employees, guards, managers, and supervisors as defined by the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

25-RC-256341

Date Filed

2/13/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, [REDACTED], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Republic National Distributing Company		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 700 W. Morris St. Indianapolis, IN 46225	
3a. Employer Representative - Name and Title: Steve Null- Operations Manager		3b. Address (if same as 2b - state same): SAME	
3c. Tel. No. (317) 636-6092 ext. 381228	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Steve.null@mdc-usa.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Distribution Facility		4b. Principal Product or Service Transportation/Shipping	
5a. City and State where unit is located: Indianapolis, IN		5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6a. Number of Employees in Unit: 50		6b. Description of Unit Involved: Included: All full-time and regular part-time warehouse employees and dock workers, POS warehouse employees and housekeeping/janitorial staff at the employers facility in Indianapolis, Indiana. Excluded: All drivers, office, clerical, dispatchers, sale representatives, mechanics, guards and supervisors as defined in The Act and all other employees.	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) February 13, 2020 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) -NONE-		8b. Address: X	
8c. Tel. No. X	8d. Cell No. X	8e. Fax No. X	8f. E-Mail Address X
8g. Affiliation, if any: X		8h. Date of Recognition or Certification X	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? No (Name of Labor Organization) N/A, has picketed the Employer since (Month, Day, Year) No		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) X	
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE			
10a. Name X		10b. Address X	
10c. Tel. No. X		10d. Cell No. X	
10e. Fax No. X		10f. E-Mail Address X	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): March 5, 2020		11c. Election Time(s): 2:00pm until 7:00pm	
11d. Election Location(s): The conference room at the employers Indianapolis facility.			
12a. Full Name of Petitioner (including local name and number): TEAMSTERS LOCAL UNION NO. 135		12b. Address (street and number, city, State and ZIP code): 1233 SHELBY ST. INDIANAPOLIS, INDIANA 46203	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS			
12d. Tel. No. 317-639-3541	12e. Cell No. 317-490-5005	12f. Fax No. 317-639-3378	12g. E-Mail Address droach@local135.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Dustin T. Roach Teamsters Local Union No. 135/JC 69 Organizer		13b. Address (street and number, city, State and ZIP code): Dustin T. Roach 849 S. Meridian St. Indianapolis, Indiana 46225	
13c. Tel. No. 317-490-5005	13d. Cell No. 317-490-5005	13e. Fax No. 317-634-5864	13f. E-Mail Address droach@local135.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Dustin T. Roach		Signature Dustin T. Roach	Title Teamsters Local Union No. 135/JC 69 Organizer
			Date 2-13-2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


25-RC-256973

Date Filed

2/26/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: FCA US LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 300 Chrysler Drive, Belvidere, IL 61008	
3a. Employer Representative - Name and Title: Carmen McCleary, HR Manager Javier Lara, Quality Center Manager		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 815-323-0216	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Carmen.mccleary@fcagroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing Plant		4b. Principal Product or Service Automobiles	5a. City and State where unit is located: Belvidere, IL
5b. Description of Unit Involved: Included: See attached page 2 for additional details Excluded: See attached page 2 for additional details		6a. Number of Employees in Unit: 6 6b. Do a substantial number (20% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 3/16/2020	11c. Election Time(s): 1:00 P.M. to 3:00 P.M.	11d. Election Location(s): 2 nd Floor Administration Break Room	
12a. Full Name of Petitioner (including local name and number): UAW Local 1761		12b. Address (street and number, city, State and ZIP code): 1100 W. Chrysler Drive, Belvidere, IL 61008	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union, United Automobile, Aerospace and Agriculture Implement Workers of America, AFL-CIO			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Cindy Stover, Local President		13b. Address (street and number, city, State and ZIP code): 1100 W. Chrysler Drive, Belvidere, IL 61008	
13c. Tel. No. 630-337-9474	13d. Cell No.	13e. Fax No.	13f. E-Mail Address s.stover7048@att.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Cindy Stover	Signature 	Title Local President	Date 02/25/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
25-RC-256973	2/26/20

Attachment

Employees Included:

A full-time and regular part-time quality process specialists and quality WCM specialists employed by the Employer in the quality department at its Belvidere Assembly Plant. The Petitioner is seeking a self-determination election to include the petitioned-for employees within an existing unit of engineering employees at the Belvidere Assembly Plant.

Employees Excluded: all managers and guards and supervisors as defined in the Act, and all other employees.

RECEIVED
NLRB
SUBREGION 33
2020 FEB 26 AM 9:16
PEORIA, IL

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

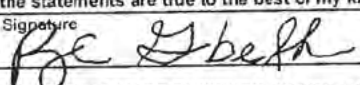
25-RC-257155

Date Filed

2/28/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Nestle USA, INC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):	
3a. Employer Representative - Name and Title: Tom Devries-General Manager		3b. Address (if same as 2b - state same):	
3c. Tel. No. 815-754-2550	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Tom.Devries@us.nestle.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Distribution Center		4b. Principal Product or Service Distribution of non food products	
5a. City and State where unit is located: Dekalb IL		5b. Description of Unit Involved: Included: All full-time and regular part-time warehouse and maintenance employees. Excluded: All temps, office clerical, professional, technical employees, guards & supervisors as defined in the act	
6a. Number of Employees in Unit: 106		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2-28-20 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:		11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 3-12-20 & 3-13-20	11c. Election Time(s): 3-12th 2:30pm-4:00pm & 6:30pm-7:30pm 3-13th 2:30pm to 4:50pm	11d. Election Location(s): Training room at employees 800 Nestle Court Dekalb	
12a. Full Name of Petitioner (including local name and number): Retail Wholesale and Department Store Union		12b. Address (street and number, city, State and ZIP code):	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Retail Wholesale & Department Store Union, United Food & Commercial Workers (RWDSU/UFCW)			
12d. Tel. No. 319-363-4525	12e. Cell No. 319-389-4525	12f. Fax No. 319-363-2839	12g. E-Mail Address rgrobstich@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Roger Grobstich/ Vice President RWDSU		13b. Address (street and number, city, State and ZIP code):	
13c. Tel. No. 319-363-4525	13d. Cell No. 319-389-4525	13e. Fax No. 319-363-2839	13f. E-Mail Address rgrobstich@gmail.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Roger Grobstich	Signature 	Title Vice President RWDSU	Date 2-28-20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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FORM NLRB-502 (RD)
(8-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No.

25-RD-256161

Date Filed

2/11/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Wayne Combustion Systems		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 801 Glasgow Ave Fort Wayne, Ind 46803	
3a. Employer Representative - Name and Title Tim Mann Plant Manager		3b. Address (If same as 2b - state name)	
3c. Tel. No. 260-425-9200	3d. Fax No. 1800 345 0341	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Gas and Oil Burners	
5a. Description of Unit Involved Included: Full Time Welder, Machine operators, Assemblers Utility tech and Material Handlers Packers Printer Excluded: Managers, Supervisors and Office Personnel		5b. City and State where unit is located: Fort Wayne Indiana	

6. No. of Employees in Unit 35	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent United Steel Workers 903-2		8b. Affiliation, if any United Steel Workers 903	
8c. Address 2228 Lakeview Drive Fort Wayne Ind 46808		8d. Tel. No. 260-484-8816	8e. Cell No.
		8f. Fax No. 260 436-4371	8g. E-Mail Address
9. Date of Recognition or Certification 30-40 years		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 4-15-2020	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	

12. Organizations or individuals other than those named in Items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5 above. (If none, so state)			
12a. Name None	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Petitioner/Voter		13a. Election Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 3-16-2020 3-20-2020	13c. Election Time(s) 6:45 AM 7:45 AM 9:00 AM 10:00 AM	13d. Election Location(s) Wayne Combustion Systems	

14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		(b) (6), (b) (7)(C)	14e. E-Mail Address

14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Title Petitioner	Date Filed 2-11-2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
27-RC-255612Date Filed
2/3/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Western Municipal Construction Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
5855 Elysian Road, Billings, MT 59101

3a. Employer Representative - Name and Title:
Jock Clause - Owner

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.
406-254-2106

3d. Cell No.
406-698-1835

3e. Fax No.
406-245-9736

3f. E-Mail Address
jclause@wmc-i.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Construction

4b. Principal Product or Service
Utility Contractor

5a. City and State where unit is located:
Statewide Montana

5b. Description of Unit Involved:
Included:

All construction workers including general laborers, equipment operators

Excluded:

Supervisors, Guards, Office & Clerical workers

6a. Number of Employees in Unit:

44

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)
Laborers Local 1686

8b. Address:
3100 Horseshoe Bend Road, Helena, MT 59602

8c. Tel. No.
406-442-1441

8d. Cell No.
406-490-5199

8e. Fax No.
406-442-1320

8f. E-Mail Address
kimr@montanalaborers.com

8g. Affiliation, if any:
LiUNA

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 1/31/2020

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name
None

10b. Address
None

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: **11a. Election Type:**
Statewide contractor - mail ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):
Laborers Local 1686

12b. Address (street and number, city, State and ZIP code):
1111 Main Street, #9, Billings, Montana 59105

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
LiUNA

12d. Tel. No.
202-737-8320

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Becky Riedl - Field Agent

13b. Address (street and number, city, State and ZIP code):

13c. Tel. No.
406-259-4471

13d. Cell No.
406-698-0309

13e. Fax No.
406-256-5541

13f. E-Mail Address
becky@montanalaborers.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Rebecca Riedl

Signature

Rebecca Riedl

Title

Field Agent

Date

1-30-2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

27-RC-255869

Date Filed

2/6/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

The Whitestone Group

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

6422 East Main Street, Suite 100
OH Reynoldsburg 43068

3a. Employer Representative - Name and Title

John Clark Sr.

3b. Address (If same as 2b - state same)

6422 East Main Street, Suite 100
OH Reynoldsburg 43068

3c. Tel. No.

(614) 501-7007

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

info@whitestonegroup.us

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Security Systems & Services

4b. Principal product or service

Security

5a. City and State where unit is located:

Boulder, CO

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

19

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
2/24/2020

11c. Election Time(s):
5:15 AM to 7:15 AM & 1:45 PM to 2:15 PM

11d. Election Location(s):
National Institute of Standards Technology (NIST) 325 Broadway Boulder

12a. Full Name of Petitioner (including local name and number)

STEVE MARITAS
Law Enforcement Officers Security Unions LEOSU, LEOS-PBA

12b. Address (street and number, city, state, and ZIP code)

1155 F STREET NW #1050
DC Washington DC 20004

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

12d. Tel No.

(800) 516-0094

12e. Cell No.

(202) 486-8558

12f. Fax No.

(202) 595-3510

12g. E-Mail Address

Leosunions@gmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

STEVE MARITAS

Signature

Steve Maritas

Title

Organizing Director

Date

02/6/2020 14:00:57

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All armed and unarmed protective service officers, sergeants & dispatchers employed by The Whitestone Group, performing guard duties as defined by Section 9(b)(3) of the National Labor Relations Act, employed by the employer at its location noted in 11d

Employees Excluded

Office clerical employees, managerial employees, project manager, supervisors as defined by the National Labor Relations Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

27-RC-256312

Date Filed

2/13/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Wyoming Tribune Eagle		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 702 W Lincolnway WY Cheyenne 82001-	
3a. Employer Representative - Name and Title Rory Palm		3b. Address (If same as 2b - state same) 702 W Lincolnway WY Cheyenne 82001-	
3c. Tel. No. (307) 633-3165	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rpalm@adamspg.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Printing & Publishing		4b. Principal product or service newspaper, community reporting	
5a. City and State where unit is located: Cheyenne, WY			5b. Description of Unit Involved
Included: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 9
Excluded: See Attached Page 2 for additional details			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 2/25/2020	11c. Election Time(s): 8 am - 10 am 1 pm - 3 pm	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11d. Election Location(s): at the Wyoming Tribune Eagle location		12a. Full Name of Petitioner (including local name and number) Anthony Mulligan Denver Newspaper Guild - CWA Local 37074

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
The NewsGuild - CWA

12d. Tel No. (303) 595-9818	12e. Cell No. (303) 956-1255	12f. Fax No.	12g. E-Mail Address dng@denvernewspaperguild.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Anthony Mulligan	Signature Anthony Mulligan	Title Administrative Officer	Date 02/11/2020 11:26:55
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 27-RC-256312	Date Filed 2/13/2020

Employees Included
all newsroom employees

Employees Excluded
office clerical, professional employees, guards and supervisors as defined by the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	27-RC-256466	Date Filed	2/18/2020
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Albertsons		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2625 E. 2nd Street WY Casper 82609	
3a. Employer Representative - Name and Title Robert McLaughlin		3b. Address (If same as 2b - state same) 6900 South Yosemite Street CO Centennial 80112	
3c. Tel. No. (208) 395-6154	3d. Cell No.	3e. Fax No. (623) 295-3892	3f. E-Mail Address robert.mclaughlin@safeway.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Grocery)		4b. Principal product or service Grocery	5a. City and State where unit is located: Casper, WY

5b. Description of Unit Involved		6a. No. of Employees in Unit: 5
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/17/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 3/4/2020	11c. Election Time(s): N/A	11d. Election Location(s): By mail ballot
12a. Full Name of Petitioner (including local name and number) Randy Tiffey United Food and Commercial Workers Local 7		12b. Address (street and number, city, state, and ZIP code) 7760 W. 38th Avenue CO Wheat Ridge 80033

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers International Union AFL-CIO

12d. Tel No. (303) 425-0897	12e. Cell No.	12f. Fax No. (303) 424-2416	12g. E-Mail Address rtiffey@ufcw7.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Todd McNamara General Counsel United Food and Commercial Workers Local 7		13b. Address (street and number, city, state, and ZIP code) 7760 W. 38th Avenue CO Wheat Ridge 80033	
13c. Tel No. (303) 425-0897	13d. Cell No.	13e. Fax No. (303) 424-2416	13f. E-Mail Address jm@18thavelaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Randy Tiffey	Signature Randy Tiffey	Title Organizing Director	Date 02/17/2020 11:55:58
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 27-RC-256466	Date Filed 2/18/2020

Employees Included

All Pharmacy Technicians in self-determination election to determine whether they will be represented by Petitioner and join the existing Casper retail bargaining unit represented by Petitioner (Armour-Globe election).

Employees Excluded

Store Director, Assistant Store Director, all other employees, supervisors, security, confidential, professional, and all temporary employees as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

27-RC-257173

Date Filed

2/28/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: The Yerba Mate Co.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4981 Pontiac St., Commerce City, CO 80022
3a. Employer Representative - Name and Title: Chad Finch, Regional Manager	3b. Address (if same as 2b - state same): Same

3c. Tel. No. None	3d. Cell No. 281-682-4050	3e. Fax No. None	3f. E-Mail Address chad@theyerbamateco.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Distribution Center		4b. Principal Product or Service Beverage Delivery	5a. City and State where unit is located: Commerce City, CO
5b. Description of Unit Involved: Included: All FT & PT Distribution Drivers/Hacedors Excluded: Management Personnel			6a. Number of Employees in Unit: 12
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 2/28/2020 and Employer declined recognition on or about (Date) No Reply (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)	8b. Address:

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: **11a. Election Type:**
☐ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number): Communications Workers of America Local 7777	12b. Address (street and number, city, State and ZIP code): 2840 S. Vallejo St., Englewood, CO 80110
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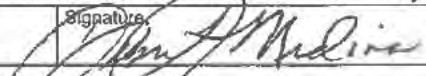
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Communications Workers of America AFL-CIO

12d. Tel. No. 303-781-8700 x214	12e. Cell No. 720-331-2167	12f. Fax No. 303-789-3325	12g. E-Mail Address dmedina@cwa7777.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:	13b. Address (street and number, city, State and ZIP code):		
13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Debra L. Medina	Signature 	Title President	Date 2/28/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
28-RC-255788

Date Filed
2/5/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer North American Security		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) please see attached	
3a. Employer Representative - Name and Title Art Lopez		3b. Address (if same as 2b - state same) 550 Carson Plaza Dr. #222 Carson, CA 90746	
3c. Tel. No. 323-634-1911	3d. Cell No. NA	3e. Fax No. NA	3f. E-Mail Address a.lopez@nasecurityinc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal Buildings		4b. Principal product or service Security	
		5a. City and State where unit is located: Las Vegas Nevada	

5b. Description of Unit Involved Included: all fulltime and part time armed and unarmed security officers employed by the employer Excluded: clerical, managerial, salaried, and supervisory personnel as defined by the act		6a. No. of Employees in Unit: 67	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) NA and Employer declined recognition on or about (Date) NA (If no reply received, so state) NA	<input checked="" type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
---	--

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). SPFPA		8b. Address 25510 Kelley Rd. Roseville, MI 48066	
8c. Tel No. 586-772-7250	8d. Cell No. NA	8e. Fax No. 586-772-9644	8f. E-Mail Address spfapres@spfpa.org
8g. Affiliation, if any SPFPA		8h. Date of Recognition or Certification NA	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) March 31, 2020

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NA If so, approximately how many employees are participating? NA (Name of labor organization) NA has picketed the Employer since (Month, Day, Year) NA
--

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)
NA

10a. Name NA	10b. Address NA	10c. Tel. No. NA	10d. Cell No. NA
		10e. Fax No. NA	10f. E-Mail Address NA

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): 02/03/2020	11c. Election Time(s): NA	11d. Election Location(s): NA
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12a. Full Name of Petitioner (including local name and number) United Government Security Officers of America and its Local 323	12b. Address (street and number, city, state, and ZIP code) 2879 Cranberry Highway East Wareham, MA 02538
---	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Government Security Officers of America International Union


12d. Tel No. 617-820-7225	12e. Cell No. 617-820-7225	12f. Fax No. NA	12g. E-Mail Address Mleblanc@ugsoa.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Mike LeBlanc DHS Vice President UGSOA International Union	13b. Address (street and number, city, state, and ZIP code) 2879 Cranberry Highway East Wareham, MA 02538
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13c. Tel No. 617-820-7225	13d. Cell No. 617-820-7225	13e. Fax No. NA	13f. E-Mail Address Mleblanc@ugsoa.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Mike LeBlanc	Signature 	Title DHS Vice President UGSOA International Union	Date 02/03/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

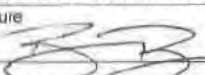
Case No.

28-RC-255857

Date Filed

2/6/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer: Amentum		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 20501 Seneca Meadows Pkwy, Ste. 300 Germantown MD 20876	
3a. Employer Representative - Name and Title: Jonathan Jones		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (817) 984-2569	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jonathan.jones@aecom.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Service Provider		4b. Principal Product or Service Military Accessory Issue Items	5a. City and State where unit is located: El Paso Texas
5b. Description of Unit Involved: Included: SEE ATTACHED Excluded: All supervisors as defined by the Act.			5a. Number of Employees in Unit 15 5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ N/A and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Thursday, February 27, 2020		11c. Election Time(s): 11:00 a.m. to 12:30 p.m. 11d. Election Location(s): Breakroom Bld #1717 Pleasanton Rd. Fort Bliss TX.	
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 351		12b. Address (street and number, city, State and ZIP code): 6967 Commerce Street, El Paso, TX. 79915	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers AFL-CIO			
12d. Tel. No. (915) 771-0224	12e. Cell No.	12f. Fax No. (915) 771-9018	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Butch Ballez, Organizer		13b. Address (street and number, city, State and ZIP code): 6967 Commerce Street, El Paso, TX. 79915	
13c. Tel. No. (915) 771-0224	13d. Cell No. (915) 493-9778	13e. Fax No. (915) 771-9018	13f. E-Mail Address butch.ballez@local351.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Butch Ballez	Signature 		Title Organizer Date 2/6/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Petition CRC Unit

5b. Description of Unit Involved:

Included: All hourly employees including all full-time and part-time Sewing Machine Operators, Stock Clerks, and Stock Clerk Lead employed by the employer at Conus Redeployment Center (CRC) at Fort Bliss Texas.

Excluded: All supervisors as defined by the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 28-RC-255945

Date Filed
February 6, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Audio Visual Services Group Inc.
d/b/a PSAV and/or PSAV Hotel Division

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
See Attachment A

3a. Employer Representative - Name and Title:
Ray Trujillo, Regional Manager

3b. Address (if same as 2b - state same):
PSAV Branch Office - Las Vegas
6630 Arroyo Springs Street, Suite 800, Las Vegas, NV 89113

3c. Tel. No.
(702) 891-0953

3d. Cell No.
(702) 281-2224

3e. Fax No.

3f. E-Mail Address
rtrujillo@psav.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Entertainment

4b. Principal Product or Service
Entertainment

5a. City and State where unit is located:
Las Vegas, Nevada

5b. Description of Unit Involved:

Included:
See Attachment A

6a. Number of Employees in Unit:
53

Excluded:
See Attachment A

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) By this Petition and Employer declined recognition on or about (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)
None

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
February 21, 2020

11c. Election Time(s):
10:00 am - 2:00 pm; 6:00 pm - 9:00 pm

11d. Election Location(s):
Cosmopolitan (Green Room)

12a. Full Name of Petitioner (including local name and number):
IATSE, Local 720

12b. Address (street and number, city, State and ZIP code):
3000 S. Valley View Boulevard
Las Vegas, NV 89102

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Alliance of Theatrical Stage Employees

12d. Tel. No.
(702) 309-8052

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Lisl R. Soto, Attorney

13b. Address (street and number, city, State and ZIP code):
800 Wilshire Boulevard, Suite 1020, Los Angeles, CA 90017

13c. Tel. No.
(213) 380-2344

13d. Cell No.

13e. Fax No.
(213) 443-5098

13f. E-Mail Address
nlrnotices@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Lisl R. Soto

Signature

Title
Attorney

Date
02/06/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Re: IATSE Local 720 and Audio Visual Services Group
d/b/a PSAV and/or PSAV Hotel Division

ATTACHMENT A

RC PETITION

2b. Address(es) of Establishment(s) involved:

Las Vegas, NV, including but not limited to:

*The Cosmopolitan of Las Vegas
3708 Las Vegas Boulevard South, Las Vegas, NV 89109*

*M Resort Spa Casino
12300 South Las Vegas Boulevard, Henderson, NV 89044*

*Four Seasons Hotel Las Vegas
3960 Las Vegas Boulevard South, Las Vegas, NV 89119*

*JW Marriott Las Vegas Resort and Spa
221 North Rampart Boulevard, Las Vegas, NV 89145*

5b. Description of Unit Involved:

Included:

All Stagehands and Technicians, including Technical Lead, Technical Spec, Technician, Lead Rigger, Rigger, Power Distributor, Floor "supervisor," performing work in Las Vegas, NV, including but not limited to at the Cosmopolitan, M Resort Spa Casino, Four Seasons, and JW Marriott.

Excluded:

All other employees, including management, supervisors, confidential employees, guards, sales, and area scheduling.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-255958

Date Filed

February 6, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Great Southwestern Construction, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

1035 Pendale Rd.
TX El Paso 79907-

3a. Employer Representative - Name and Title

Efrain Cerros

3b. Address (If same as 2b - state same)

1035 Pendale Rd.
TX El Paso 79907-

3c. Tel. No.

(915) 856-8766

3d. Cell No.

3e. Fax No.

(915) 595-9989

3f. E-Mail Address

ecerros@mygroup.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Construction

4b. Principal product or service

Electrical Powerline Construction

5a. City and State where unit is located:

El Paso, TX

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

30

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
02/21/2020

11c. Election Time(s):
7:00 am to 7:30 am

11d. Election Location(s):
Office at 1035 Pendale Rd., El Paso, TX 79907

12a. Full Name of Petitioner (including local name and number)

Leticia Marcum
IBEW Local 583

12b. Address (street and number, city, state, and ZIP code)

311 Borderland
TX El Paso 79932-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

International Brotherhood of Electrical Workers, AFL-CIO, CLC

12d. Tel. No.

(915) 877-9166

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

letty@ibew583.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

Michael A Murphy Counsel
IBEW Local 583

13b. Address (street and number, city, state, and ZIP code)

311 W Borderland
TX El Paso 79932-

13c. Tel. No.

(512) 920-4114

13d. Cell No.

(512) 920-4114

13e. Fax No.

13f. E-Mail Address

michael_murphy@ibew.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Michael A Murphy

Signature

Michael A Murphy

Title

Counsel

Date

02/6/2020 15:48:40

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ATTACHMENT A

Included: All General Foreman, Foreman, Journeyman, Apprentice, and Groundman Line Construction workers employed by the Employer in El Paso, Hudspeth, and Culberson counties in Texas, and Luna, Dona Anna, and Otero counties in New Mexico.

Excluded: All other employees, including office clerical, guards, and supervisors within the meaning of the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-255962

Date Filed

2/7/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Columbus Electric Cooperative

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

900 N Gold Ave
NM Deming 88030-

3a. Employer Representative - Name and Title

Susanna Morris

3b. Address (If same as 2b - state same)

900 N Gold Ave
NM Deming 88030-

3c. Tel. No.

(575) 546-8838

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

suem@col-coop.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Utilities

4b. Principal product or service

Electricity

5a. City and State where unit is located:

Deming, NM

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

9

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
2-19-20

11c. Election Time(s):
8am-11am

11d. Election Location(s):
Conference room at Deming service center

12a. Full Name of Petitioner (including local name and number)

Jason W Simpson
International Brotherhood of Electrical Workers, AFL/CIO Local 611

12b. Address (street and number, city, state, and ZIP code)
4921 Alexander Blvd NE, #A
NM Albuquerque 87110/-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

International Brotherhood of Electrical Workers, AFL/CIO

12d. Tel No.

(817) 975-7044

12e. Cell No.

(817) 975-7044

12f. Fax No.

12g. E-Mail Address
Jason_Simpson@IBEW.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Jason W Simpson

Signature

Jason Simpson

Title
International Lead Organizinr

Date

02/7/2020 12:59:07

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All Journeyman Linemen, Apprentice Linemen, Groundmen and working Foremen

Employees Excluded

All Supervisors, Clerical and Guards as described by the ACT

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-256437

Date Filed

February 14, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Frontier Communications d/b/a Navajo Communications **2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)** AZ-264, St Michaels, AZ 86511

3a. Employer Representative - Name and Title Mark Jeffries, Director of Operations **3b. Address (if same as 2b - state same)** 831 East Hall Street, Show Low, AZ 85901

3c. Tel. No. (928) 871-3814 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address** Mark.Jeffries@ftr.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Telecommunications Service Provider **4b. Principal product or service** Telecommunications Services **5a. City and State where unit is located:**

5b. Description of Unit Involved
Included: Technicians and Mechanics
Excluded: All other employees
6a. No. of Employees in Unit: 33
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 2/13/2020 **and Employer declined recognition on or about** _____ **(Date) (if no reply received, so state).** No reply
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None **8b. Address**

8c. Tel No. **8d. Cell No.** **8e. Fax No.** **8f. E-Mail Address** wreinken@cwa-union.org

8g. Affiliation, if any **8h. Date of Recognition or Certification** **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No **If so, approximately how many employees are participating?** _____
(Name of labor organization) _____ **has picketed the Employer since (Month, Day, Year)** _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name **10b. Address** **10c. Tel. No.** **10d. Cell No.**
10e. Fax No. **10f. E-Mail Address**

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): March 3, 2020 **11c. Election Time(s):** Any and all practicable **11d. Election Location(s):** AZ-264, St Michaels, AZ 86511

12a. Full Name of Petitioner (including local name and number) Communications Workers of America, AFL-CIO **12b. Address (street and number, city, state, and ZIP code)** 8085 East Prentice Avenue, Greenwood Village, CO 80111


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communications Workers of America, AFL-CIO

12d. Tel No. (303) 770-2822 **12e. Cell No.** **12f. Fax No.** **12g. E-Mail Address** wreinken@cwa-union.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title William R. Reinken, Attorney **13b. Address (street and number, city, state, and ZIP code)** 8085 East Prentice Avenue, Greenwood Village, CO 80111
13c. Tel No. (303) 721-7399 **13d. Cell No.** **13e. Fax No.** **13f. E-Mail Address** wreinken@cwa-union.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) William R. Reinken **Signature**  **Title** Attorney **Date** 2-14-2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
28-RC-256504	February 18, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer
Decypher Technologies Ltd.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
Mike O'Callaghan Military Med. Ctr., 4700 Las Vegas Blvd N, Nellis AFB, NV 89191

3a. Employer Representative - Name and Title
Deborah Heifner, Director of Operations

3b. Address (If same as 2b - state same)
200 Concord Plaza Dr., Suite 780, San Antonio, Texas, 78216-6972

3c. Tel. No.
(210) 735-9900

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
Deborah.heifner@decypher.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Military Contractor

4b. Principal product or service
Military Support

5a. City and State where unit is located
Nellis AFB, NV

5b. Description of Unit Involved
Included: All full time and regular part time Medical Office Clerks employed by the employer at Mike O'Callaghan Military Medical Center.
Excluded: All managers, site supervisors, all other professional employees, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit:
6

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** By petition **and Employer declined recognition on or about** _____ **(Date) (If no reply received, so state).**
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
none

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No **If so, approximately how many employees are participating?** _____
(Name of labor organization) _____ **has picketed the Employer since (Month, Day, Year)** _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
none

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Tuesday, March 10, 2020

11c. Election Time(s):
3:30 pm - 4:30 pm

11d. Election Location(s):
Family Medicine Lecture Hall Room 1806, or Logistics Conference Room L218

12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, Local Lodge SC711

12b. Address (street and number, city, state, and ZIP code)
4343 N. Rancho Dr. Suite 218, Las Vegas, NV 89130

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel. No.
(916) 542-3351

12e. Cell No.
(760) 810-6989

12f. Fax No.

12g. E-Mail Address
rcarrillo@iamaw.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Xochitl A. Lopez, Attorney

13b. Address (street and number, city, state, and ZIP code)
Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel. No.
510-337-1001

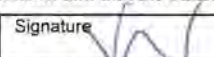
13d. Cell No.

13e. Fax No.
510-337-1023

13f. E-Mail Address
nlrnotices@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Xochitl A. Lopez, Attorney

Signature 

Title Attorney

Date Tuesday, February 18, 2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

1\1070268

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **28-RC-256955** Date Filed **February 25, 2020**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Balfour Beatty Communities LLC Fort Bliss		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) One Country View Rd. PA Malvern 19355	
3a. Employer Representative - Name and Title Leslie Cohn		3b. Address (If same as 2b - state same) One Country View Rd. PA Malvern 19355	
3c. Tel. No. (610) 355-8266	3d. Cell No.	3e. Fax No.	3f. E-Mail Address lcohn@bbcgrp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Housing Facilities at Fort Bliss Army Base	
		5a. City and State where unit is located: El Paso, TX	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 36
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). International Union of Operating Engineers, Local 953 Barry Dixon		8b. Address 151 Pennsylvania NE NM Albuquerque 87108	
8c. Tel No. (505) 266-5757	8d. Cell No.	8e. Fax No.	8f. E-Mail Address bwdixon953@msn.com
8g. Affiliation, if any International Union of Operating Engineers		8h. Date of Recognition or Certification 06/23/2015	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 03/29/2020

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): As soon as possible
11c. Election Time(s): All shifts
11d. Election Location(s): El Paso, TX

12a. Full Name of Petitioner (including local name and number)
Barry Dixon
International Union of Operating Engineers, Local 953

12b. Address (street and number, city, state, and ZIP code)
151 Pennsylvania NE
NM Albuquerque 87108

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

12d. Tel No. (505) 266-5757	12e. Cell No.	12f. Fax No.	12g. E-Mail Address bwdixon953@msn.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Stephen Curice Attorney YOUTZ & VALDEZ, PC	13b. Address (street and number, city, state, and ZIP code) 900 Gold Ave. SW NM Albuquerque 87102
13c. Tel No. (505) 244-1200	13d. Cell No.
13e. Fax No. (505) 244-9700	13f. E-Mail Address stephen@youtzvaldez.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Stephen Curice	Signature Stephen Curice	Title Attorney	Date 02/25/2020 13:45:00
---------------------------------------	------------------------------------	--------------------------	------------------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Full time assistant maintenance supervisors, general maintenance, techs (turns, and general maintenance techs

Employees Excluded

office clerical employees, guards, managers, supervisors

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

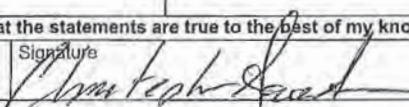
28-RC-257076

Date Filed

2/27/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: CoffeeMongers Inc. DBA Humble Coffee		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 505 Central NW Suite C Abq, NM 87102 & 4200 Lomas NE Abq, NM 87110	
3a. Employer Representative - Name and Title: Mark Baker, Director		3b. Address (if same as 2b - state same): 505 Central NW Suite C, Albuquerque, NM 87102	
3c. Tel. No. 505-609-7099	3d. Cell No.	3e. Fax No.	3f. E-Mail Address baker@bakerad.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Restaurants		4b. Principal Product or Service Gourmet Coffee	
5b. Description of Unit Involved: Included: Full & Part-time baristas & Assistant Managers at all NM retail locations. Excluded: Guards, Managers and Supervisors as defined by the Act.		5a. City and State where unit is located: Albuquerque, NM	
6a. Number of Employees in Unit: 12		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>2-27-2020</u> on or about (Date) <u>No Reply</u> (If no reply received, so state). and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): March 18, 2020		11c. Election Time(s): 8:00am-10:00am & 3:00pm-6:00pm	
11d. Election Location(s): 4200 Lomas NE Abq NM 87110 Storage Rm			
12a. Full Name of Petitioner (including local name and number): United Food and Commercial Workers Union Local 1564		12b. Address (street and number, city, State and ZIP code): 130 Alvarado Dr. NE, Albuquerque, NM 87108	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food and Commercial Workers International Union			
12d. Tel. No. 505-206-1683	12e. Cell No.	12f. Fax No.	12g. E-Mail Address csaavedra@ufcw1564.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Chris Saavedra		13b. Address (street and number, city, State and ZIP code): 130 Alvarado Dr. NE, Albuquerque, NM 87108	
13c. Tel. No. 505-206-1683	13d. Cell No.	13e. Fax No.	13f. E-Mail Address csaavedra@ufcw1564.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Chris Saavedra	Signature 	Title Employee Advocate	Date 2-27-2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-257243

Date Filed

2/28/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Southern Glazer's Wine & Spirits

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
2375 South 45th Ave, Phoenix Arizona 85043

3a. Employer Representative - Name and Title:
Mark Koslow Vp of Operations

3b. Address (if same as 2b - state same):
Same as 2b

3c. Tel. No.
602-533-8791

3d. Cell No.
954-599-2038

3e. Fax No.

3f. E-Mail Address
mkoslow@sgws.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Liquor Distributor & Warehousing

4b. Principal Product or Service
Alcohol Distributor & Warehouse

5a. City and State where unit is located:
See Attached Page 2 for Additional Details

5b. Description of Unit Involved:
Included:
See attached Page 2 for additional details
Excluded:
See attached Page 2 for additional details

6a. Number of Employees in Unit:
Approx 125

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 2/28/2020 and Employer declined recognition on or about (Date) No Reply (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)
None

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☐ If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:

☐ Manual ☐ Mail ☒ Mixed Manual/Mail

11b. Election Date(s):
3/12/2020

11c. Election Time(s):
0100 to 0630 / 1000 to 1200 / 1800 to 2100

11d. Election Location(s):
Down stairs meeting room

12a. Full Name of Petitioner (including local name and number):
See attached page 2 for additional details

12b. Address (street and number, city, State and ZIP code):
1450 South 27th Ave Phoenix, Az 85009

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters

12d. Tel. No.
602-272-5561

12e. Cell No.
602-477-9060

12f. Fax No.
602-272-3744

12g. E-Mail Address
Russell.medigovich@teamsterslocal104.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Russell Medigovich II Business Representative

13b. Address (street and number, city, State and ZIP code):
1450 South 27th Ave, Phoenix Arizona, 85009

13c. Tel. No.
602-272-5561

13d. Cell No.
602-477-9060

13e. Fax No.
602-272-3744

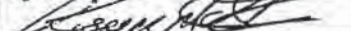
13f. E-Mail Address
Russell.Medigovich@teamsterslocal104.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Russell Medigovich II

Signature



Title

Business Representative

Date

2/28/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment page 2

5a. City and State where unit is located:

Locations in Phoenix, Tucson, Lake Havasu, Flagstaff, Sierra Vista, Seligman and Yuma, Arizona.

5b. Description of Unit involved

Included:

All full-time and part-time Drivers and Warehouse employees employed by the employer at the company's locations in Phoenix, Tucson, Lake Havasu, Flagstaff, Sierra Vista, Seligman and Yuma facilities.

Excluded:

All other employees, office and clerical employees, guards and supervisors as defended by the National Labor Relations Act.

12a. Full Name of Petitioner (including local name and number):

General Teamsters (excluding mailers) State of Arizona, Local Union No.104.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-255692

Date Filed

2-4-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: SCO FAMILY OF SERVICES		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Alexander Place Glen Cove, NY 11542	
3a. Employer Representative - Name and Title: DIANA PERONE, VP HUMAN RESOURCE		3b. Address (if same as 2b - state same): 150 HALE AVENUE BROOKLYN, NY 11208	
3c. Tel. No. 516-759-1844	3d. Cell No.	3e. Fax No. 516-609-9217	3f. E-Mail Address dperone@SCO.ORG
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Home for Young Adults		4b. Principal Product or Service Healthcare	
5b. Description of Unit Involved: Included: Counselor, Relief Counselors, Counselor Specialists Excluded: Supervisors, Managers, Office Clerical, Guards as define by the Act		5a. City and State where unit is located: B'klyn, NY	
		6a. Number of Employees in Unit: 11	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 1-31-20 on or about (Date) (If no reply received, so state). and Employer declined recognition <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
		BROOKLYN, NY	
12a. Full Name of Petitioner (including local name and number): DISTRICT 6 JUSTICE		12b. Address (street and number, city, State and ZIP code): 610, 601 US HWY 206 Unit 26 Hillsborough, NS, 08844	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): NONE			
12d. Tel. No. 908-581-2787	12e. Cell No.	12f. Fax No. 908-281	12g. E-Mail Address GPERRY4529@AOL.COM
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Guy Perry President		13b. Address (street and number, city, State and ZIP code): 610, 601 US HWY 206 Unit 26, Hillsborough, NS, 08844	
13c. Tel. No. 908-581-2787	13d. Cell No.	13e. Fax No. 908-281-7714	13f. E-Mail Address GPerry4529@AOL.COM
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Guy Perry	Signature 	Title President	Date 1-31-20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-255889

Date Filed

2/7/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer 1188 Flatbush Meat & Produce Inc. d/b/a Food Universe		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1188 Flatbush Ave. NY Brooklyn 11226-	
3a. Employer Representative - Name and Title Shee Chun Lee		3b. Address (If same as 2b - state same) 1188 Flatbush Ave. NY Brooklyn 11226-	
3c. Tel. No. (718) 284-5124	3d. Cell No.	3e. Fax No. (718) 284-5127	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Grocery)		4b. Principal product or service Food	
		5a. City and State where unit is located: Brooklyn, NY	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 30
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Longshoremens Association, Local 1964		8b. Address 11 Teaneck Rd. NJ Ridgefield Park 07660-	
8c. Tel No. (201) 440-6525	8d. Cell No.	8e. Fax No. (201) 440-1863	8f. E-Mail Address
8g. Affiliation, if any Longshoremens Association, AFL-CIO		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): March 13, 2020	11c. Election Time(s): 12:00 pm. - 3:00 p.m.	11d. Election Location(s): Basement of the Facility
---	--	---

12a. Full Name of Petitioner (including local name and number) Irmaliz Fontanez United Food and Commercial Workers Local 342	12b. Address (street and number, city, state, and ZIP code) 166 E. Jericho Tpke. NY Mineola 11501-
---	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers International Union

12d. Tel No. (516) 747-5980	12e. Cell No. (516) 640-8062	12f. Fax No.	12g. E-Mail Address lfontanez@ufcw342.org
---------------------------------------	--	---------------------	---

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Eric M Milner Attorney Simon & Milner		13b. Address (street and number, city, state, and ZIP code) 99 W. Hawthorne Ave. Suite 308 NY Valley Stream 11580-	
13c. Tel No. (516) 561-6622	13d. Cell No.	13e. Fax No. (516) 561-6828	13f. E-Mail Address emilner@simonandmilner.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Eric M Milner	Signature ERIC M MILNER	Title Attorney	Date 02/4/2020 18:19:48
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 29-RC-255889	Date Filed 2/7/2020

Employees Included

All full and regular part-time grocery, cashiers, deli, meat, receivers and produce employees, employed by the employer at the 1188 Flatbush Ave., Brooklyn location

Employees Excluded

All other employees not listed in "Employees included" including guards, managers and supervisors as defined by the act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-256430

Date Filed

2/18/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Housing Works, a single employer
Please see Ex. "A", attached hereto

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
Please see Exhibit "A", attached hereto

3a. Employer Representative - Name and Title:
Charles King, President

3b. Address (if same as 2b - state same):
57 Willoughby Street, 2nd Floor, Brooklyn, NY 12201

3c. Tel. No.
347-473-7401

3d. Cell No.

3e. Fax No.
347-473-7464

3f. E-Mail Address
king@housingworks.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Non-profit

4b. Principal Product or Service
HIV/AIDS and homeless services

5a. City and State where unit is located:
Please see Ex. "B", attached hereto

5b. Description of Unit Involved:

Included:
Please see Exhibit "C", attached hereto

Excluded:
Please see Exhibit "D", attached hereto

6a. Number of Employees in Unit:
600

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 2/13/2020 and Employer declined recognition on or about (Date) 2/13/2020 (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)
None

8b. Address:
None

8c. Tel. No.
None

8d. Cell No.
None

8e. Fax No.
None

8f. E-Mail Address
None@example.com

8g. Affiliation, if any:
None

8h. Date of Recognition or Certification
None

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) None

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating?

(Name of Labor Organization) None, has picketed the Employer since (Month, Day, Year) None

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name
None

10b. Address
None

10c. Tel. No.
None

10d. Cell No.
None

10e. Fax No.
None

10f. E-Mail Address
None@example.com

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:
Please see Exhibit "E", attached hereto

11a. Election Type:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Please see Ex. "E", att. hereto

11c. Election Time(s):
Please see Ex. "E", attached hereto

11d. Election Location(s):
Please see Exhibit "E", attached hereto

12a. Full Name of Petitioner (including local name and number):
Retail, Wholesale, and Department Store Union, UFCW

12b. Address (street and number, city, State and ZIP code):
370 Seventh Avenue, Suite 501, New York, NY 10001
Attn: Adam Obernauer

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
United Food and Commercial Workers

12d. Tel. No.
212-684-5300

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
aobernauer@rwdsu.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Larry Cary, counsel

13b. Address (street and number, city, State and ZIP code):
Cary Kane LLP, 1350 Broadway, Suite 1400, New York, NY 10018

13c. Tel. No.
212-871-0531

13d. Cell No.

13e. Fax No.
646-599-9571

13f. E-Mail Address
LCary@carykane.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Christopher S. Baluzy

Signature

Title
counsel

Date
02/14/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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Exhibit A to RC Petition

Retail, Wholesale, and Department Store Union, UFCW

2a. Name of Employer

Housing Works, a/k/a Housing Works, Inc., Bailey House, Inc., Bailey-Holt House Housing Development Fund Corp., 594 Broadway Associates, Housing Works Used Book Café, Inc., Housing Works Thrift Shop, Inc., Housing Works Food Services, Inc., Housing Works Services, Inc., Housing Works Services II, Inc., Housing Works Health Services III, Inc., Housing Works Housing Development Fund Corporation, Housing Works East New York Housing Development Fund Corporation, Housing Works Harlem Housing Development Fund Corporation, Inc., Housing Works Pitkin Avenue Housing Development Fund Corporation, Inc., Positive Health Project, Inc., HIV Law Project, Inc., Housing Works Lyman Prospect Housing Development Fund Corporation, Housing Works 454 Lexington Avenue Housing Development Fund Corporation, Inc., Housing Works 874 Jefferson Avenue Housing Development Fund Corporation, Inc., Bronx Claremont Parkway G. P., Inc., AIDS Treatment Data Network, Inc., Life Force: Women Fighting AIDS, Inc., Housing Works 220 Hull Housing Development Fund Corporation, a single employer

2b. Addresses of Establishments involved

Name	Address	City	State
Downtown Brooklyn	57 Willoughby Street	Brooklyn	NY
Downtown Brooklyn	81 Willoughby Street	Brooklyn	NY
Bookstore Café Retail	126 Crosby Street	New York	NY
Crosby Location	594 Broadway	New York	NY
Midtown	301 W 37th Street	New York	NY
Bronx Health Home Care	1255 Rev James A. Polite Ave	Bronx	NY
Keith D. Cylar House	743-749 E 9th Street	New York	NY
Stand Up Harlem House	143-145 130 Street	New York	NY
Jefferson Avenue Supportive Housing	874 Jefferson Ave	Brooklyn	NY
East New York Housing	2611 Pitkin Ave	Brooklyn	NY
East New York Health Home	2605-2609 Pitkin Ave	Brooklyn	NY
454 Lexington Ave	454 Lexington Ave	Brooklyn	NY
Hall Housing	1061 Hall Place	Bronx	NY
Claremont Residence	415 Claremont Pkwy	Bronx	NY
Youth Supportive Housing	369 Howard Ave	Brooklyn	NY
Yorkville Thrift	1730 2nd Ave	New York	NY
West Village Thrift	245 W. 10th Street	New York	NY
Upper East Side Thrift	1200 Lexington Ave	New York	NY
SoHo Thrift	126 Crosby Street	New York	NY
Park Slope Thrift	266 5th Ave	Brooklyn	NY

Hell's Kitchen Thrift	730-732 9th Ave	New York	NY
East New York	2640 Pitkin Ave	Brooklyn	NY
Gramercy Thrift	157 East 23rd Street	New York	NY
Columbus & 74th Thrift	306 Columbus Ave	New York	NY
Chelsea Thrift	143 W 17th Street	New York	NY
Broadway & 96th St Thrift	2569 Broadway	New York	NY
South Slope Thrift	424 7th Ave	Brooklyn	NY
2nd Ave & 64th Thrift	1222 2nd Ave	New York	NY
Forest Hills Thrift	71-54 Austin Street	Forest Hills	NY
Brooklyn Heights Thrift	150 Montague Street	Brooklyn	NY
PDC Warehouse	48-49 35th Street	Long Island City	NY
Bailey House	1751 Park Ave	New York	NY
Bailey Holt House	180 Christopher Street	New York	NY

Exhibit B to RC Petition

Retail, Wholesale, and Department Store Union, UFCW

5a. City and State where unit is located

Brooklyn, New York

Long Island City, New York

Forest Hills, New York

New York, New York

Bronx, New York

Exhibit C to RC Petition

Retail, Wholesale, and Department Store Union, UFCW

5b. Description of Unit Involved

Included:

All full time and regular part time employees, including employees in the following titles employed at:

Downtown Brooklyn (57 Willoughby)

1. Health Home
 - a. Care Navigator
 - b. Care Manager
 - c. Intake Coordinator
 - d. Case Manager
 - e. Patient Navigator
2. ADHC
 - a. Licensed Clinical Social Worker
 - b. Social Worker
 - c. Registered Nurse
 - d. Intake/Manage Care Liaison
 - e. Intake Coordinator
 - f. Creative Arts Therapist
 - g. Nurse Care Coordinator
 - h. Recreation Coordinator
3. Primary Care
 - a. Primary Care Coordinator
 - b. Client Concierge
 - c. Health Coach
 - d. Medical Receptionist
 - e. Nurse Practitioner
 - f. Physician's Assistant
 - g. PrEP & Hep C Navigator
 - h. Medical Assistant
 - i. Substance Use Coordinator
 - j. Licensed Master Social Worker
 - k. Nurse Care Coordinator
 - l. Intake Specialist
 - m. Referral Specialist
4. Health Home Administration
 - a. Intake Coordinator

- b. Peer Navigator
 - c. Healthcare Data Analyst
 - d. Office Assistant
 - e. Housing Coordinator
- 5. Commercial Property
 - a. Custodian
- 6. Health Services Administration
 - a. Office Assistant
 - b. Outreach Specialist
 - c. Patient Service Representative
 - d. Outreach Worker
 - e. Data Entry Specialist
- 7. Job Training Program
 - a. Job Counselor Instructor
 - b. Job Placement Specialist
 - c. Voc Ed Specialist
- 8. Mental Health-
 - a. Retention & Adherence Supervisor
 - b. Mental Health Counselor
 - c. Patient Navigator
- 9. Behavioral Health
 - a. Depression Care Manager
- 10. Fleet Management
 - a. Driver
- 11. Data Operations
 - a. Office Manager

Downtown Brooklyn (81 Willoughby)

- 1. Legal
 - a. Staff Attorney
 - b. Law Fellow
- 2. HIV Law Project
 - a. Office Assistant
 - b. Paralegal
 - c. Staff Attorney
- 3. Community Partnerships
 - a. Community Partnerships Associate
 - b. Program Assistant
- 4. Construction & Engineering
- 5. Health Services Administration
 - a. Tobacco & Hypertension Coordinator
 - b. Quality Improvement Specialist
- 6. Marketing

7. Commercial Property
 - a. Custodian
 - b. Purchasing & Vendor Manager
8. Fleet Operations
 - a. Driver
9. Billing
 - a. Medical Biller
10. Housing Development Administration
11. Information Technology
12. City Advocacy
13. Housing Works Administration
 - a. Administrative Assistant
 - b. Program Assistant
14. Data Operations
15. PHS MCM
 - a. Data Entry Specialist
16. ADHC
 - a. MCO Liaison
17. Advocacy Communications & Marketing

Crosby (594 Broadway)

1. Health Home
 - a. Care Navigator
 - b. Care Manager
 - c. Intake Coordinator
 - d. Case Manager
 - e. Patient Navigator
2. Thrift Administration
3. Health Home Administration
 - a. Intake Coordinator
 - b. Peer Navigator
 - c. Healthcare Data Analyst
 - d. Office Assistant
 - e. Housing Coordinator
4. Commercial Property
 - a. Custodian
5. Donations
 - a. Donation Development Coordinator
6. Harm Reduction
 - a. Harm Reduction Counselor
7. Property Management

- a. Residential Aide
- b. Custodian
- c. Housekeeper
- d. Maintenance
- e. Residential Case Manager
- f. Senior Custodian

Cylar (743 E 9th St)

- 1. Health Home
 - a. Care Navigator
 - b. Care Manager
 - c. Intake Coordinator
 - d. Case Manager
 - e. Patient Navigator
- 2. Primary Care
 - a. Medical Assistant
 - b. Nurse Practitioner
 - c. Client Concierge
 - d. Patient Service Representative
 - e. Psychiatric Nurse Practitioner
 - f. Impact Model Clinician
 - g. PrEP & Hep C Navigator
 - h. PrEP Navigator
 - i. Intake Specialist
 - j. Patient Care Coordinator
- 3. Property Management
 - a. Residential Aide
 - b. Custodian
 - c. Kitchen Staff- Cook
- 4. ADHC
 - a. Registered Nurse
 - b. Data Entry/Billing Specialist
 - c. Licensed Master Social Worker
 - d. Sign Language Interpreter
 - e. Licensed Clinical Social Worker
 - f. Outreach Specialist
- 5. Mental Health
 - a. Licensed Clinical Social Worker
 - b. Fee-for-Service Professional Counselor
 - c. Clinical Social Worker
 - d. Therapist
 - e. Licensed Master Social Worker
 - f. Patient Service Representative

6. Harm Reduction
 - a. Peer Navigator
 - b. Outreach Worker
7. Community Partnerships
 - a. Community Partnerships Junior Associate
8. Commercial Property
 - a. Custodian
9. Ready for Work
 - a. Job Placement Specialist
10. Property Management
 - a. Cook

Bronx

1. Health Home
 - a. Care Navigator
 - b. Care Manager
 - c. Intake Coordinator
 - d. Case Manager
 - e. Patient Navigator
2. Health Home Administration
 - a. Intake Coordinator
 - b. Peer Navigator
 - c. Healthcare Data Analyst
 - d. Office Assistant
 - e. Housing Coordinator

Midtown

1. Positive Health Project
 - a. Licensed Master Social Worker
 - b. Administration Support & Client Services Navigator
 - c. Program Support & Data Entry
 - d. Case Manager
 - e. HIV Counselor
 - f. Licensed Clinical Social Worker
 - g. Peer Navigator
 - h. Administrative Assistant
 - i. Social Worker
 - j. Patient Navigator
 - k. Overdose Prevention Program Coordinator
 - l. Other
2. Harm Reduction
 - a. Peer Navigator
 - b. Case Manager

- c. Data Entry & Quality Assurance Technician
 - d. Overdose Prevention Coordinator
 - e. Licensed Clinical Social Worker
 - f. Medical Assistant
- 3. Health Services Administration
 - a. Referral Specialist
 - b. Healthcare Data Analyst
- 4. Commercial Property
 - a. Custodian
- 5. Youth & Preventive Services
 - a. Care Navigator
- 6. ADHC
 - a. Data Entry Clerk
- 7. Community Partnerships
 - a. Junior Associate Man

East New York (2640 Pitkin, 2611 Pitkin, 2609 Pitkin)

- 1. Primary Care
 - a. Medical Assistant
 - b. Nurse Practitioner
 - c. RAP Specialist
 - d. Eligibility Specialist
 - e. Medical Receptionist
 - f. Psychotherapist
 - g. Nurse Care Coordinator
 - h. PrEP Navigator
 - i. Outreach Specialist
 - j. Referral Specialist
 - k. Registered Nurse
 - l. Psychiatric Nurse Practitioner
- 2. Property Management
 - a. Residential Aide
 - b. Custodian
 - c. Housekeeper
 - d. Maintenance
 - e. Residential Case Manager
 - f. Senior Custodian
- 3. Youth & Prevention Services
 - a. Care Navigator
 - b. Programming Specialist
 - c. Outreach Specialist
 - d. Senior Outreach Specialist
 - e. Senior Case Manager

- f. Peer Specialist
 - g. Care Manager
 - h. Program Assistant
 - i. Patient Navigator
- 4. Health Home
 - a. Care Navigator
 - b. Care Manager
 - c. Intake Coordinator
 - d. Case Manager
 - e. Patient Navigator
- 5. OASIS
 - a. Administrative Assistant
 - b. Art Therapist
 - c. Clinical Social Worker
 - d. Licensed Master Social Worker
 - e. Substance Use Counselor
 - f. Outreach Specialist
 - g. Patient Service Representative
 - h. Registered Nurse
 - i. Nurse Care Coordinator
- 6. Community Partnerships
 - a. Community Partnerships Associate
 - b. Community Liaison
 - c. Jr Associate Man
- 7. ADHC
 - a. RAP Peer Worker
- 8. Commercial Property
 - a. Custodian
- 9. Fleet Management
 - a. Driver
- 10. Harm Reduction
 - a. Licensed Master Social Worker
- 11. Health Services
 - a. Client Concierge
 - b. Outreach Specialist
- 12. Health Home Administration
 - a. Intake Coordinator
 - b. Peer Navigator
 - c. Healthcare Data Analyst
 - d. Office Assistant
 - e. Housing Coordinator

1. Health Home
 - a. Care Manager
 - b. Case Manager
 - c. Housing Coordinator
 - d. Patient Navigator
 - e. Outreach Specialist
 - f. Housing Coordinator
2. Community Partnerships
 - a. Community Liaison
3. Primary Care
 - a. Nurse Practitioner
 - b. Medical Assistant
4. Property Management
 - a. Maintenance
5. Behavioral Health
 - a. Patient Service Representative
6. Housing Development Administration
7. Health Services
 - a. Health Care Board Client Rep
8. OASIS
 - a. Registered Nurse
9. Housing Placement & Assistance Unit
 - a. Housing Coordinator Supervisor
 - b. Housing Coordinator
10. STARS Program / Rapid Rehousing
 - a. Medical Receptionist
 - b. Case Manager
 - c. Outreach Specialist
 - d. Housing Coordinator
 - e. Data Entry Specialist
 - f. Mental Health Counselor
 - g. Patient Navigator
 - h. Care Navigator
 - i. Substance Use Counselor
 - j. Art Therapist
 - k. Office Assistant

Bailey Holt House

1. STARS
 - a. Residential Aide
 - b. Case Manager
 - c. Vocational Counselor
 - d. Maintenance

2. Property Management
 - a. Residential Aide
 - b. Kitchen Staff- Cook
3. Primary Care
 - a. Patient Care Coordinator
4. Health Home
 - a. Care Navigator
 - b. Care Manager
 - c. Intake Coordinator
 - d. Case Manager
 - e. Patient Navigator
5. Youth & Prevention Services
 - a. Case Manager
6. Rapid Rehousing

PDC Warehouse

1. PDC Moving
 - a. Mover
 - b. Donation/Dispatch Associate
 - c. Lead Mover
 - d. Sorter
2. Warehouse
 - a. Sorter
 - b. Operations Coordinator
 - c. Baler
 - d. Lead Mover
 - e. Mover

Bookstore

1. Bookstore Café
 - a. Online Sales Associate
 - b. Sales Associate
 - c. Customer Service Representative
 - d. Barista
 - e. Acting Assistant Manager
 - f. Café Manager
 - g. Sales Associate Bookstore
2. Online Store – UBC
 - a. Inventory Assistant
 - b. Online Sales Co-Manager
 - c. Online Sales Associate
 - d. Customer Services Representative
 - e. Web Sales Associates and Shipper

All Thrift Stores

1. Sales Associate
2. Customer Engagement Associate
3. Key Holder

Claremont Residence (Residential Unit)

1. Health Home
 - a. Care Manager
2. Young Adult Services
 - a. Case Manager
3. Property Management
 - a. Custodian

Stand Up Harlem House (Residential Unit)

1. Property Management
 - a. Residential Aide
 - b. Case Manager
 - c. Program Coordinator
 - d. Custodian

Jefferson Ave Supportive Housing

1. Property Management
 - a. Residential Aide
 - b. Custodian
2. Housing Development Administration
 - a. Residential Aide

Youth Supportive Housing

1. Property Management
 - a. Residential Aide
 - b. Custodian
2. Youth & Preventive Services
 - a. Case Manager
3. Housing Development Administration
 - a. Housing Coordinator

Hall Place Housing

1. Property Management
 - a. Residential Aide
2. Commercial Property
 - a. Custodian

MRT Housing (454 Lexington Ave)

1. Property Management
 - a. Residential Aide
 - b. Custodian
 - c. Residential Case Manager
 - d. Case Manager
2. Transgender Transitional Housing
 - a. Residential Case Manager
 - b. Program Assistant

Exhibit D to RC Petition

Retail, Wholesale, and Department Store Union, UFCW

5b. Description of Unit Involved

Excluded:

All supervisors as defined by the Act; all guards; all employees employed in the Human Resources Department located at 81 Willoughby Street, Brooklyn, New York; all employees assigned to work private events employed in the Food Service and Catering Department; and all employees in the following titles:

Accounting Manager
Accounts Payable Manager
Assistant Auction Manager
Assistant Director
Assistant Director of Nimble Stores
Assistant Manager (Thrift)
Assistant Program Director
Associate Director for Facility Maintenance
Associate Director of Staff Development
Associate Director of Staff Development
Asst Residential Safety Security Manager
Borough Director
Call Center Manager
Care Coordination Supervisor
Chief Financial Officer
Chief Medical Officer
Chief Operating Officer of HW Inc.
Clinic Director
Clinic Operations Manager
CoManager (Thrift)
Compliance Risk Management Coordinator
Department Manager
Director Client Services

Director Clinical Services
Director of Credentialing Contracting
Director of Events and Strategic Partner
Director of Facility Maintenance Operations
Director of Food Service
Director of Growth Product Development
Director of Healthcare Operations Art 28
Director of Housing Operations
Director of Human Resources
Director of National Advocacy
Director of New York Policy Organizing
Director of Nursing
Director of NYS Community Mobilization
Director of Operations
Director of Prep HepC Initiative
Director of Private Event Sales
Director of Processing Salvage Moving
Director of Project Management
Director of Psychiatry
Director of Purchasing and Procurement
Director of Ready To Work Program
Director of Revenue Management
Director of Stores
Director YAS and Rapid Rehousing Program
Executive Assistant
Executive Director
Facilities Manager
First Cook
Haiti Country Director
HCBS Director RTW Counselor
HR Administrative Assistant
HR Generalist
Kitchen Assistant

Lead Curator Auction Manager

Managing Director Harm Reduction Services

Operations Manager Administration

President Chief Executive Officer

President Executive Director

Processing and Curation Manager

Program Administrative Coordinator

Program Coordinator

Program Director

Project Manager

Purchasing Vendor Manager

Regional Director, CP

Residential Aide Supervisor

Residential Safety Security Manager

Retention Adherence Supervisor

Roster Manager

Senior Account Manager, CP

Senior Managing Director

Senior Program Coordinator

Senior Program Director

Senior Staff Attorney

Site Director Behavioral Mental Health

Store Manager (Thrift)

SVP Healthcare Integration

SVP Housing Development Facilities Operations

SVP Programs

Unit Supervisor

Vice President for Housing

Vice President of Data and Software
Applications

Vice President of Development and Market

VP ADHC Operations

VP Community Mobilization

VP Community Partnerships
VP for Health Equity
VP for Quality and Value Based Initiative
VP Health Home
VP Housing Operations
VP Integrated Health Services and Operations
VP of Behavioral Health Operations
VP of Human Resources
VP of Operations and Compliance
VP Thrift Shops
Waiter

Exhibit E to RC Petition

Retail, Wholesale, and Department Store Union, UFCW

11. Election Details

Manual voting. March 2, 2020 is best because workers will be in their respective offices as part of the Employer's "Contact-a-thon" event.

11b. Election Date

March 2, 2020.

11c. Election Time

10:00AM to 9:00PM

11d. Election Locations

Site Name	Site Address	Voting Location at Site	Housing Works Locations to Vote at Site
East New York	2640 Pitkin Ave, Brooklyn, NY	Medical Building Conference Room, Ground Floor	2609 Pitkin Ave, 2640 Pitkin (All East New York departments)
Downtown Brooklyn	57 Willoughby Street, Brooklyn, NY	2 nd Floor Small or Large Conference Room	Brooklyn West Health Home Care (57 Willoughby), 81 Willoughby, Brooklyn Heights Thrift, Park Slope Thrift, South Slope Thrift, 874 Jefferson Ave, 454 Lexington Ave, 369 Howard Ave
Crosby/Bookstore	126 Crosby, New York, NY	Bookstore Basement	Bookstore, Crosby (Manhattan Health Home), Soho Thrift, Gramercy Thrift, Bailey Holt House
Bailey House	1751 Park Ave, New York, NY	4 th Floor Small Conference Room	Bailey House, Yorkville Thrift, 2 nd

			Ave & 64 th St Thrift, Upper East Side Thrift, Stand Up Harlem
Bronx	1255 Rev James A. Polite Ave, Bronx, NY	Conference Room Ground Floor	Bronx Health Home Care, Hall Housing, Claremont Residence
Midtown	301 W 37 th St, New York, NY	5 th Floor Conference Room	West Village Thrift, Midtown Location (Positive Health Project), Hell's Kitchen, Chelsea Thrift, Columbus & 74 th St Thrift, Broadway & 96 th St Thrift
Keith D. Cylar House	743-749 E 9 th St, New York, NY	2 nd Floor Conference Room	Keith D. Cylar House
PDC Warehouse	48-49 35 th St, Long Island City, NY	To be determined	PDC Warehouse, Forest Hills Thrift

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-256443

Date Filed

2/18/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Five Star Carting, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
860 Humboldt St.
Brooklyn, NY 11222

3a. Employer Representative Name and Title:
Anthony Tristani

3b. Address (if same as 2b - state same):
58-35 47th Street
Maspeth, NY 11378

3c. Tel. No.
(718) 349-7555

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Waste Management

4b. Principal Product or Service
Waste management services

5a. City and State where unit is located:
Brooklyn, NY

5b. Description of Unit Involved:
Included:
All full-time and part-time helpers, welders, and mechanics
Excluded:
Clerical and professional employees, guards, supervisors

6a. Number of Employees in Unit:
45

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)
LIFE Local 890

8b. Address:
325 73rd Street, Brooklyn, NY 11209

8c. Tel. No.
(718) 238-2399

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 4/21/2020

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: _____
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Friday

11c. Election Time(s):
3AM-11AM

11d. Election Location(s):
Company facility (860 Humboldt St.)

12a. Full Name of Petitioner (including local name and number):
Waste Material, Recycling, and General Industrial Laborers' Local 108

12b. Address (street and number, city, State and ZIP code):
121 E 24 Street
New York, NY 10010

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Laborers' International Union of North America, AFL-CIO

12d. Tel. No.
(212) 925-9634

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Tamir Rosenblum, Esq., General Counsel
Mason Tenders District Council of Greater New York

13b. Address (street and number, city, State and ZIP code):
520 8th Avenue, Suite 650
New York, NY 10018

13c. Tel. No.
(212) 452-9451

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
trozenblum@masontenders.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Tamir Rosenblum

Signature


Title
General Counsel

Date
2/14/20209

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942 43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

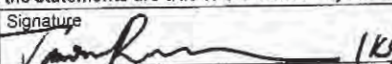
29-RC-256449

Date Filed

2/18/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Five Star Carting, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 860 Humboldt St. Brooklyn, NY 11222	
3a. Employer Representative - Name and Title: Anthony Tristani		3b. Address (if same as 2b - state same): 58-35 47th Street Maspeth, NY 11378	
3c. Tel. No. (718) 349-7555	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Management		4b. Principal Product or Service Waste management services	5a. City and State where unit is located: Brooklyn, NY
5b. Description of Unit Involved: Included: All full-time and part-time drivers Excluded: Clerical and professional employees, guards, supervisors			6a. Number of Employees in Unit: 65
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) LIFE Local 890		8b. Address: 325 73rd Street, Brooklyn, NY 11209	
8c. Tel. No. (718) 238-2399	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 4/21/2020
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): Friday		11c. Election Time(s): 3AM-11AM	
11d. Election Location(s): Company facility (860 Humboldt St.)			
12a. Full Name of Petitioner (including local name and number): Waste Material, Recycling, and General Industrial Laborers' Local 108		12b. Address (street and number, city, State and ZIP code): 121 E 24 Street New York, NY 10010	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Laborers' International Union of North America, AFL-CIO			
12d. Tel. No. (212) 925-9634	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Tamir Rosenblum, Esq., General Counsel Mason Tenders District Council of Greater New York		13b. Address (street and number, city, State and ZIP code): 520 8th Avenue, Suite 650 New York, NY 10018	
13c. Tel. No. (212) 452-9451	13d. Cell No.	13e. Fax No.	13f. E-Mail Address trosenblum@masontenders.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Tamir Rosenblum	Signature 	Title General Counsel	Date 2/14/20209

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	29-RC-256934	Date Filed	2/26/2020
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Allied Transit Corp/ Empire State Corp/Empire Charter Service Inc	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 141 Hinsdale St NY Brooklyn 11207-
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3a. Employer Representative - Name and Title John Cursio	3b. Address (If same as 2b - state same) 141 Hinsdale St NY Brooklyn 11207-
--	--

3c. Tel. No. (718) 485-8002	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Jcursio@alliedempire.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service passenger transport	5a. City and State where unit is located: Brooklyn, NY
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 250
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Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). IBT Local 553 Demos Demopoulos	8b. Address 265 West 14th street NY New York 10011-
--	--

8c. Tel No. (212) 929-6828	8d. Cell No.	8e. Fax No.	8f. E-Mail Address demo553@verizon.net
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8g. Affiliation, if any International Brotherhood of Teamsters	8h. Date of Recognition or Certification 07/01/2016	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 06/30/2019
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 3/13/2020	11c. Election Time(s): 0800x1000 1500x1700	11d. Election Location(s): 148 Sneideker Ave Brooklyn NY
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12a. Full Name of Petitioner (including local name and number) Nick Lacerenza Local 854	12b. Address (street and number, city, state, and ZIP code) 260 Butler St NY Brooklyn 11217-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
none

12d. Tel No. (347) 735-2258	12e. Cell No. (631) 767-0606	12f. Fax No.	12g. E-Mail Address TheLocal854@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Bryan McCarthy Esq. Attorney BCM Associates	13b. Address (street and number, city, state, and ZIP code) 1454 Route 22 Suite B 101 NY Brewster 10509-
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13c. Tel No. (914) 588-4480	13d. Cell No. (914) 588-4480	13e. Fax No.	13f. E-Mail Address bcm@bcmassociates.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Nick Lacerenza	Signature Nick Lacerenza	Title President	Date 02/21/2020 12:49:07
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 29-RC-256934	Date Filed 2/26/2020

Employees Included

All full and part time drivers, Matrons and attendants employed at the facilities located at 141 Hinsdale St Brooklyn, NY, 148 Sneideker St Brooklyn, NY, and 12505 Essex St Brooklyn, NY

Employees Excluded

all managers, professional employees and guards as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 29-RC-257035	Date Filed 2/27/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Xtell Parking	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 89-36 Sutphin Boulevard, Jamaica, NY 11435
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3a. Employer Representative - Name and Title Harry Jiminez	3b. Address (If same as 2b - state same) SAME
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3c. Tel. No.	3d. Cell No. 917-592-4762	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Parking Garage	4b. Principal product or service Parking Cars	5a. City and State where unit is located: Jamaica, NY 11435
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5b. Description of Unit Involved Included: All full-time and regular part-time managers, parking attendants and cashiers working at the Employer's parking facility at 89-36 Sutphin Boulevard, Jamaica, NY 11435 Excluded: All other employees, guards and supervisors as defined by the Act.	6a. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	---

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) none and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☒ **no** If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
NONE

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail

11b. Election Date(s): March 13, 2020	11c. Election Time(s): 6:30am - 7:30am, 4:30 pm - 5:30 pm	11d. Election Location(s): 89-36 Sutphin Boulevard, Jamaica, NY 11435
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12a. Full Name of Petitioner (including local name and number) Garage Employees Union Local No. 272 International Brotherhood of Teamsters	12b. Address (street and number, city, state, and ZIP code) 220 East 23rd Street, Room 801, New York, NY 10010
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
See Item 12a above

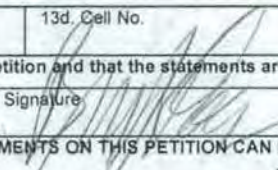
12d. Tel No. 212-726-9726	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Bruce J. Cooper, Attorney	13b. Address (street and number, city, state, and ZIP code) Pitta LLP, 120 Broadway, 28th Floor, New York, NY 10271
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13c. Tel No. 212-652-3727	13d. Cell No.	13e. Fax No. 212-652-3891	13f. E-Mail Address bcooper@pittlaw.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Bruce J. Cooper	Signature 	Title Attorney	Date February 26, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	29-RC-257095	Date Filed	2/28/2020
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Breaking Ground, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 160 Schermerhorn Street NY Brooklyn 11201-	
3a. Employer Representative - Name and Title Linda R Carlozzi Esq.		3b. Address (If same as 2b - state same) 666 Third Avenue, 29th Floor NY New York 10017-	
3c. Tel. No. (212) 545-4040	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Linda.Carlozzi@jacksonlewis.com
4a. Type of Establishment (Factory, mine, wholesaler, etc) Others		4b. Principal product or service Housing	
		5a. City and State where unit is located: Brooklyn, NY	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 10
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Tuesdays	11c. Election Time(s): 12pm-1pm and 4pm-7pm	11d. Election Location(s): 160 Schermerhorn Street, Brooklyn, NY 11201
12a. Full Name of Petitioner (including local name and number) Pedro Card Local 210, International Brotherhood of Teamsters		12b. Address (street and number, city, state, and ZIP code) 55 Broad Street, 11th Floor NY New York 10004-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (917) 657-3511	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Clara Suh Esq. Hoffmann & Associates		13b. Address (street and number, city, state, and ZIP code) 450 Seventh Avenue, Suite 1400 NY New York 10123-	
13c. Tel No. (212) 679-0400	13d. Cell No.	13e. Fax No.	13f. E-Mail Address clara.suh@hoffmannlegal.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Clara Suh Esq.	Signature Clara Suh	Title	Date 02/27/2020 13:13:28
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 29-RC-257095	Date Filed 2/28/2020

Employees Included

All maintenance workers working at 160 Schermerhorn Street, Brooklyn, NY 11201
including housekeepers, engineers and painters

Employees Excluded

Office clerical employees, supervisors, security officers

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

31-RC-255625

Date Filed

2/3/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Honeyville Grain, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
11600 Dayton Dr., Rancho Cucamonga, CA 91730

3a. Employer Representative - Name and Title:
Miguel Gatyán, H. R. Manager

3b. Address (if same as 2b - state same):
Same.

3c. Tel. No.
909-243-1094

3d. Cell No.

3e. Fax No.
909-980-6503

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Distribution Center

4b. Principal Product or Service
Grain Products

5a. City and State where unit is located:
Rancho Cucamonga, CA

5b. Description of Unit Involved:

Included:
See Attachment.
Excluded:
See Attachment.

6a. Number of Employees in Unit:
30

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ on or about (Date) _____ (If no reply received, so state). By petition and Employer declined recognition
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)
None.

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None.

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
February 25 or 26, 2020

11c. Election Time(s):
45 minutes prior to start of shift

11d. Election Location(s):
An appropriate breakroom or meeting room.

12a. Full Name of Petitioner (including local name and number):
Teamsters, Chauffeurs, Warehousemen, Industrial and Allied Workers of America, Local 166

12b. Address (street and number, city, State and ZIP code):
18597 Valley Blvd., Bloomington, CA 92316

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

International Brotherhood of Teamsters

12d. Tel. No.

909-877-8326

12e. Cell No.

12f. Fax No.

909-877-2812

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:

Arthur N. Four, c/o REICH, ADELL & CVITAN

13b. Address (street and number, city, State and ZIP code):

3550 Wilshire Blvd., Ste. 2000, Los Angeles, CA 90010

13c. Tel. No.

213-386-3860

13d. Cell No.

13e. Fax No.

213-386-5583

13f. E-Mail Address

arthurf@rac-law.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Arthur N. Four

Signature



Title

Counsel for Petitioner

Date

2/3/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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ATTACHMENT TO SECTION 5b "Description of Unit"

Included: All Delivery Truck Drivers employed by the Employer out of its facility in Rancho Cucamonga, CA.

Excluded: All other employees, confidential employees, guards and supervisors as defined in the Act, as amended.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

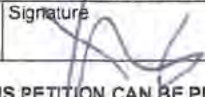
31-RC-256845

Date Filed

2/24/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Wage Justice Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3250 Wilshire Boulevard, Suite 1010, Los Angeles, CA 90010	
3a. Employer Representative - Name and Title: Ana Cisneros Alvarez, ED/Legal Dir. and Tania Millan, HR/Dir. of Finance & Admin.		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 213-273-8400 X 308 & 307	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ana@wagejustice.org tania@wagejustice.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Office		4b. Principal Product or Service Non-profit legal services	5a. City and State where unit is located: Los Angeles, CA
5b. Description of Unit Involved: Included: All full-time and regular part-time Staff Attorneys, Asset Investigators, IT Staff, Legal Fellows, and Paralegals. Excluded: All managers, guards and supervisors as defined by the Act.			6a. Number of Employees in Unit: 4 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>By petition</u> and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address:
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer(s) establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Monday, March 9, 2020		11c. Election Time(s): 12:00 p.m. - 1 p.m.	11d. Election Location(s): Empty Office at Employer's location
12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers, District Lodge 947		12b. Address (street and number, city, State and ZIP code): 535 W. Willow St. Long Beach, CA 90806	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Machinists and Aerospace Workers, AFL-CIO			
12d. Tel. No. (562) 427-8900	12e. Cell No. (562) 208-7634	12f. Fax No. (562) 427-1122	12g. E-Mail Address (b) (6), (b) (7)(C)
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Xochitl A. Lopez, Attorney			
13b. Address (street and number, city, State and ZIP code): Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501		13c. Tel. No. 510-337-1001	
13d. Cell No.		13e. Fax No. 510-337-1023	13f. E-Mail Address NLRBnotices@unioncounsel.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Xochitl A. Lopez		Signature 	Title Attorney Date 2/24/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT 11071140


UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
31-RC-257073Date Filed
2/27/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1 PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Mercy Hospital Southwest Mercy Hospital Downtown Bakersfield		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 400 Old River Rd, Bakersfield, CA 93311 2215 Truxtun Ave., Bakersfield, CA 93301	
3a. Employer Representative - Name and Title Judy S. Coffin, V.P. & Associate General Counsel		3b. Address (if same as 2b - state same): 185 Berry Street, Suite 300 San Francisco, CA 94107	
3c. Tel No (415) 438-5755	3d. Cell No	3e. Fax No (415) 438-5726	3f. E-Mail Address judy.coffin@dignityhealth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical Facility		4b. Principal Product or Service Health Care	5a. City and State where unit is located Bakersfield, CA
5b. Description of Unit Involved: Included: All Medical Social Workers and All Licensed Clinical Social Workers Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.			6a. Number of Employees in Unit 10 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by this petition and Employer declined recognition on or about (Date) _____ (if no reply received so state) <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address	
8c. Tel No	8d. Cell No	8e. Fax No	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> if so approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9 which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above (If none, so state)			
10a. Name		10b. Address	10c. Tel No 10d. Cell No 10e. Fax No 10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			11a. Election Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 3/17/20 or 3/18/20		11c. Election Time(s): 1:00pm - 1:30pm; 2:30pm - 3:30pm	11d. Election Location(s): Conference room inside facility.
12a. Full Name of Petitioner (including local name and number): Service Employees International Union, United Healthcare Workers-West		12b. Address (street and number, city, State and ZIP code) 5480 Ferguson Drive, Los Angeles, CA 90022	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union			
12d. Tel No (323) 734-8399	12e. Cell No	12f. Fax No (323) 721-3538	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: William T. Hanley		13b. Address (street and number, city, State and ZIP code): Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No (510) 337-1001	13d. Cell No	13e. Fax No (510) 337-1023	13f. E-Mail Address whanley@unioncounsel.net; nlrbnotices@unioncounsel.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) William T. Hanley		Signature 	Title Attorney Date 02/27/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA) 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register 71 Fed. Reg. 74942 43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
31-RC-257230Date Filed
2/28/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Sierra Transport, Inc. **2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 12856 Old River Rd., Bakersfield, CA 93311

3a. Employer Representative - Name and Title: Keith Lutrel, General Manager
Michael Dake, Dispatch **3b. Address (if same as 2b - state same):** Same

3c. Tel. No. 661-399-0246 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address** keith@lutreltrucking.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation **4b. Principal Product or Service** Bio-Solids **5a. City and State where unit is located:** Bakersfield

5b. Description of Unit Involved: Included: Drivers **6a. Number of Employees in Unit:** 23

Excluded: Dispatchers, Mechanics, Supervisors, and Guards as defined by the Act **6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) (If no reply received, so state) By this petition and Employer declined recognition ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None **8b. Address:**

8c. Tel. No. **8d. Cell No.** **8e. Fax No.** **8f. E-Mail Address**

8g. Affiliation, if any: **8h. Date of Recognition or Certification** **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None

10a. Name **10b. Address** **10c. Tel. No.** **10d. Cell No.** **10e. Fax No.** **10f. E-Mail Address**

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 3/13/2020 **11c. Election Time(s):** 6:00 am - 8:00 am; 2:00 pm - 5:00 pm **11d. Election Location(s):**

12a. Full Name of Petitioner (including local name and number): Teamsters Local 87 **12b. Address (street and number, city, State and ZIP code):** 2531 G Street
Bakersfield, CA 93301


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters

12d. Tel. No. 661-327-8594 **12e. Cell No.** **12f. Fax No.** 661-327-0931 **12g. E-Mail Address**

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. **13a. Name and Title:** Peter McEntee, Attorney **13b. Address (street and number, city, State and ZIP code):** 520 Capitol Mall, Suite 300 Sacramento, CA 95814

13c. Tel. No. 916-325-2100 **13d. Cell No.** **13e. Fax No.** 916-325-2120 **13f. E-Mail Address** pmcentee@beesontayer.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Peter McEntee **Signature**  **Title** Attorney **Date** 2/28/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-256089

Date Filed

02/10/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Tartine Berkeley, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2600 Durant Ave., Berkeley, CA 94704

3a. Employer Representative - Name and Title
Ariel Mahon

3b. Address (If same as 2b - state same)
same

3c. Tel. No.
510-809-4133

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
ariel.mahon@tartinebakery.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
bakery/restaurant

4b. Principal product or service
bakery food and beverage services

5a. City and State where unit is located:
Berkeley, CA

5b. Description of Unit Involved
Included: see attachment
Excluded: see attachment

6a. No. of Employees in Unit:
approx. 18

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 2/6/20 and Employer declined recognition on or about (Date) (If no reply received, so state). no reply received
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
none

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
as soon as possible, pref. not on Mon. or Tue.

11c. Election Time(s):
mid-day window

11d. Election Location(s):
at the employer's location

12a. Full Name of Petitioner (including local name and number)
International Longshore and Warehouse Union

12b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., 4th Floor, San Francisco, CA 94109

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
none

12d. Tel No.
(415) 775-0533

12e. Cell No.

12f. Fax No.
(415) 775-1302

12g. E-Mail Address
agustin.ramirez@ilwu.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Emily Maglio, attorney

13b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., Ste. 201, San Francisco, CA 94109

13c. Tel No.
(415) 771-6400

13d. Cell No.

13e. Fax No.
(415) 771-7010

13f. E-Mail Address
emaglio@leonardcarder.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Emily M. Maglio

Signature

Title
attorney

Date
2/10/20

WILLFUL FALSE STATEMENTS ON THIS PETITION WILL BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Tartine Berkeley**5.b.**

Included: All bakers, porters, dishwashers, cashiers, baristas, and leads

Excluded: Office-clericals, guards, managers, and supervisors as defined in the Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

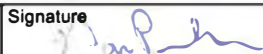
32-RC-256264

Date Filed

02/12/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Siemens Logistics		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Airport Drive, Oakland, CA 94621	
3a. Employer Representative - Name and Title: Janet Smith, Director of Human Resources		3b. Address (if same as 2b - state same): 2700 Esters Blvd., Suite 200B, DFW Airport, TX 75261	
3c. Tel. No. (972) 947-7106	3d. Cell No.	3e. Fax No.	3f. E-Mail Address janet.smith@siemens-logistics.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Airport		4b. Principal Product or Service Baggage	5a. City and State where unit is located: Oakland, CA
5b. Description of Unit Involved: Included: Baggage, Technicians, A, B and C Excluded: Professionals, Supervisors and Guards as defined by the Act			6a. Number of Employees in Unit: 9 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>by this petition</u> and Employer declined recognition on or about (Date) <u>Today</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): First possible Wednesday	11c. Election Time(s): 12:30 - 3:00 p.m.	11d. Election Location(s): Oakland Airport	
12a. Full Name of Petitioner (including local name and number): Stationary Engineers, Local 39		12b. Address (street and number, city, State and ZIP code): 1620 N. Market Boulevard, Sacramento, CA 95834	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, Stationary Engineers, Local 39, AFL/CIO			
12d. Tel. No. (916) 928-0399	12e. Cell No.	12f. Fax No.	12g. E-Mail Address seichenberger@local39.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Gary Provencher, Attorney		13b. Address (street and number, city, State and ZIP code): 431 I Street, Suite 202, Sacramento, CA 95814	
13c. Tel. No. (916) 443-6600	13d. Cell No.	13e. Fax No. (916) 442-0244	13f. E-Mail Address gprovencher@unioncounsel.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Gary P. Provencher	Signature 	Title Attorney	Date 2/12/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-256395

Date Filed

02/14/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Pepsi Beverages Company	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6300 Cameron Blvd., Gilroy, CA 95020
3a. Employer Representative - Name and Title: Victor Bolanos, General Manager	3b. Address (if same as 2b - state same): Same.

3c. Tel. No. (408) 713-2467	3d. Cell No. (510) 329-0689	3e. Fax No. (408) 842-6165	3f. E-Mail Address victor.m.bolanos@pepsico.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) distribution center		4b. Principal Product or Service food service and distribution	5a. City and State where unit is located: Gilroy, CA
5b. Description of Unit Involved: Included: All full-time and regular part-time sales representatives (including large format, small format and relief). Excluded: All other employees.			6a. Number of Employees in Unit: 42
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by petition _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None.	8b. Address:
--	---------------------

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None.

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: _____ **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): February 27, 2020 **11c. Election Time(s):** 5am-6am & 2-3pm **11d. Election Location(s):** Appropriate location at employer's facility

12a. Full Name of Petitioner (including local name and number): Teamsters Local 853 **12b. Address (street and number, city, State and ZIP code):** 7750 Pardee Lane, Oakland, CA 94621

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters

12d. Tel. No. (510) 895-8853	12e. Cell No.	12f. Fax No. (510) 895-6853	12g. E-Mail Address rtorres@teamsters853.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Susan K. Garea, Attorney **13b. Address (street and number, city, State and ZIP code):** Beeson, Tayer & Bodine, 483 Ninth Street, Ste. 200, Oakland, CA 94607

13c. Tel. No. (510) 625-9700	13d. Cell No.	13e. Fax No. (510) 625-8275	13f. E-Mail Address sgarea@beesonayer.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Susan K. Garea	Signature 	Title Attorney	Date 02/14/20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No

32-RC-257141

Date Filed

02/28/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1 PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Wow Rock Center — Teicare

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

2050 Farmont Dr., San Leandro 94578

3a. Employer Representative Name and Title

Juan Hodges, Administrator

3b. Address (if same as 2b state same)

Same

3c. Tel No

510-895-5502

3d. Cell No

3e. Fax No

510-895-7406

3f. E-Mail Address

Jhodges@teicarecorp.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Mental Health Facility

4b. Principal product or service

Counseling & Mental Healthcare

5a. City and State where unit is located:

San Leandro, CA

5b. Description of Unit Involved

Included: All full-time, part-time and per diem Registered Nurses.

Excluded:

All other classifications including but not limited to guards, managers, confidential employees and supervisors as defined by the Act

6a. No. of Employees in Unit

9

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) by the petitioner and Employer declined recognition on or about (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).

8b. Address

8c. Tel No

8d. Cell No

8e. Fax No

8f. E-Mail Address

8g. Affiliation if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract if any (Month, Day, Year)
Unknown

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☐ If so, approximately how many employees are participating? _____

(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9 which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above (if none, so state)
None

10a. Name

10b. Address

10c. Tel No

10d. Cell No

10e. Fax No

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election

11a. Election Type ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s)

3/11/2020

11c. Election Time(s)

6a 8a 11a 1p 6p 8p

11d. Election Location(s)

Employer's facility

12a. Full Name of Petitioner (including local name and number)

Service Employees International Union, United Healthcare Workers-West

12b. Address (street and number, city, state, and ZIP code)

560 Thomas L. Berkley Way, Oakland, CA 94612

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

Service Employees International Union

12d. Tel No

(510) 251-1250

12e. Cell No

12f. Fax No

(510) 763-2680

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

William T. Hanley

13b. Address (street and number, city, state, and ZIP code)

1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel No

(510) 337-1001

13d. Cell No

13e. Fax No

(510) 337-1023

13f. E-Mail Address

whanley@unioncounsel.net;

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. nlrnotices@unioncounsel.net

Name (Print)

William T. Hanley

Signature



Title

Attorney

Date

February 28, 2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA) 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register 71 Fed. Reg. 74942 43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE

Case No: 32-RM-255914 Date Filed: 02/06/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer/Petitioner Nevada Gold Mines, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1655 Mountain City Highway, Elko, Nevada 89801	
3a. Employer/Petitioner Representative - Name and Title Anthony Hall, Esq., Simons Hall Johnston PC		3b. Address (if same as 2b - state same) 6490 S. McCarran Blvd. Ste. F-46, Reno, Nevada 89509	
3c. Tel. No. (775) 785-0088	3d. Cell No. N/A	3e. Fax No. (775) 785-0087	3f. E-Mail Address AHall@SHJNevada.com and JSmith@SHJNevada.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Mine		4b. Principal product or service Gold	

5a. Description of Unit Involved Included: See included Job Classifications on attached list marked as Attachment A. All employees outside of the Carlin, Nevada area; all Carlin, Nevada confidential, office/clerical, guards, and Excluded: supervisory employees, as defined in the Act; and those job classifications not included in Attachment A.	5b. City and State where unit is located: Carlin, Nevada 6. No. of Employees in Unit: Approx. 2,900 when substantial and representative complement reached
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Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable

7a ☒ A labor organization made a demand for recognition on the Employer/Petitioner on (Date) Numerous dates including 11/15/19

7b ☒ The Employer/Petitioner has a good faith uncertainty about majority support for a claimed representative.

8a. Recognized or Certified Bargaining Agent - Name N/A		8b. Affiliation, if any N/A	
8c. Address N/A		8d. Tel. No. N/A	8e. Cell No. N/A
		8f. Fax No. N/A	8g. E-Mail Address N/A
9. Date of Recognition or Certification N/A		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A	

11. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? N/A
(Name of labor organization) N/A has picketed the Employer since (Month, Day, Year) N/A

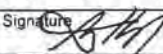
12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name and affiliation if any Operating Engineers Local Union #3	12b. Address 1620 South Loop Road, Alameda, CA 94502	12c. Tel. No. (510) 748-7400	12d. Cell No.
		12e. Fax No. (510) 748-7436	12f. E-Mail Address gliao@oe3.org
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s): One week in May 2020	13c. Election Time(s): 8:00 a.m. - 10:00 p.m.	13d. Election Location(s): Nevada Gold Mines	

14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title Anthony L. Hall, Esq., Simons Hall Johnston PC		14b. Address (street and number, city, state, and ZIP code) 6490 S. McCarran Blvd. Ste. F-46, Reno, Nevada 89509	
14c. Tel. No. (775) 785-0088	14d. Cell No. N/A	14e. Fax No. (775) 785-0087	14f. E-Mail Address AHall@SHJNevada.com and JSmith@SHJNevada.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Anthony L. Hall, Esq.	Signature 	Title Attorney	Date February 6, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment A**Included Unit Job Classifications**

All full-time and regular part-time employees in the following classifications: Advanced Helper, Assay Lab Technician, Assay Lab Technician I, Assay Laboratory Technician, Autoclave Maintenance Technician, Autoclave Operator, Blast Technician, Carbon Handling Technician, Crane Operator, Crusher Loader Operator, Custodian, Dewatering, Technician, Dispatcher, Driller, E & I Technician, Electrician, Equipment Operator, Equipment Tech 4, Gas Mechanic, Haul Truck Operator, Inexperienced Underground Miner, Instrument Technician, Laboratory Maintenance E&I Technician, Lube Technician, Machinist, Maintenance Helper, Mechanic, Mechanic II, Metallurgical Technician, Mill Maintenance Technician, Mill Operator, Mine Maintenance Advanced, Helper, Mine Maintenance Helper, Mine Maintenance Technician, Mine Maintenance Mechanic, Mine Maintenance Technician, Mine Production Operator, Miner, Mobile Maintenance, Technician, NDT Technician, OP Mobile Maintenance Technician, Open Pit Dispatcher, Open Pit Electrician, Open Pit Haul Truck Driver, Open Pit Haul Truck Operations, Open Pit Haul Truck Operator, Open Pit Mobile Maintenance Technician, Operator, Powderman, Process Control Specialist, Process Control Technician, Process Maintenance Advanced Helper, Process Maintenance Helper, Process Maintenance Mechanic, Process Operations Technician, Process Operator, Radio Technician, RCM Technician, Refinery Technician, Reliability Technician, Roaster E&I Technician, Roaster Electrical & Instrumentation Technician, Roaster Operator, Technician, Technician - Analytical Lab Field Trainer, Tire Technician, Trainer, Truck Driver, UG Advanced Helper, UG E&I Technician, UG Fixed Maintenance Technician, UG Maintenance Mechanic, UG Mechanic, UG Mine Specialist, UG Mine Technician, UG Miner, UG Mobile Maintenance, UG Mobile Maintenance Technician, UG Operator, Underground Blaster, Underground Dispatch, Underground Fixed Maintenance Technician, Underground Fixed Maintenance Technician Miner, Underground Miner, Underground Miner (Backfill), Underground Miner (Blasting), Underground Miner (Paste), Underground Miner (Backfill), Underground Mobile Maintenance Technician, Welder employed by the Employer in or around Carlin, Nevada located at: 6 Miles North of Carlin Carlin, Nevada 89822.